

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Apr 23, 1999 8:00 am**  
**Secretary of State**

04-23-1999 90212 036 \*\*\*\*61.25

**DOCUMENT # N95000001756**

1. Corporation Name

**COLOMBIAN AMERICAN BAR ASSOCIATION, INC.**

Principal Place of Business

C/O TERRANCE J. MULLIN, ESQUIRE  
2655 S. LEJEUNE RD. PH II  
CORAL GABLES FL 33134

Mailing Address

C/O TERRANCE J. MULLIN, ESQUIRE  
2655 S. LEJEUNE RD. PH II  
CORAL GABLES FL 33134



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

3. Date Incorporated or Qualified

04/13/1995

4. FEI Number

65-0573583

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

MULLIN, TERRANCE J ESQ  
2655 S. LEJEUNE RD  
PH II  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE  
NAME MALFELD, GARY D  
STREET ADDRESS 420 S DIXIE HIGHWAY SUITE 200  
CITY-ST-ZIP CORAL GABLES FL 33146

TITLE VD ☐ DELETE  
NAME REYNOSO, WALTER  
STREET ADDRESS 2937 SW 27 AVE SUITE 107  
CITY-ST-ZIP COCONUT GROVE FL 33133

TITLE DT ☐ DELETE  
NAME SALLATO, MARIA T  
STREET ADDRESS 9990 SW 77 AVE #303  
CITY-ST-ZIP MIAMI FL 33156

TITLE DS ☐ DELETE  
NAME WOODBRIDGE, FREDERICK JR  
STREET ADDRESS 100 BISCAYNE BLVD 21ST FLOOR  
CITY-ST-ZIP MIAMI FL 33132

TITLE D ☐ DELETE  
NAME CURREA, MICHAEL  
STREET ADDRESS 1200 NW 78TH AVE SUITE 212  
CITY-ST-ZIP MIAMI FL 33126

TITLE D ☐ DELETE  
NAME BRASWELL, LINDA  
STREET ADDRESS 9990 SW 77 AVE #303  
CITY-ST-ZIP MIAMI FL 33156

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**SIGNATURE REQUIRED**

Gary D. Malfeld

Date

Apr: 20, 1999 (305) 477-5688

Daytime Phone #

CR2E037 (1/98)