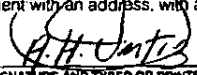


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/3

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90739 027 ****61.25

DOCUMENT # N03000006543					
1. Entity Name COLUSANA, INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE A1113 MIAMI FL 33131 US		Mailing Address 520 BRICKELL KEY DRIVE A1113 MIAMI FL 33131 US		 MOORE CR2E037 (11/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0368358	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ORTIZ, ALVARO H 520-BRICKELL-KEY-DRIVE A1113 MIAMI FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW. FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
		Make Check Payable to Florida Department of State			
10. OFFICERS AND DIRECTORS					
TITLE	NAME ☐ Delete				
NAME	ORTIZ, ALVARO H				
STREET ADDRESS	520 BRICKELL KEY DRIVE, APT A1113				
CITY-ST-ZIP	MIAMI FL 33131				
TITLE	NAME ☒ Delete				
NAME	ADATTO, EMILIO				
STREET ADDRESS	8452 N.W. 61ST STREET				
CITY-ST-ZIP	MIAMI FL 33166				
TITLE	NAME ☒ Delete				
NAME	RAMIREZ, FREDDY				
STREET ADDRESS	8452 N.W. 61ST STREET				
CITY-ST-ZIP	MIAMI FL 33166				
TITLE	NAME ☒ Delete				
NAME	PAZ, MARINO				
STREET ADDRESS	14810 S.W. 80TH STREET				
CITY-ST-ZIP	MIAMI FL 33193				
TITLE	NAME ☐ Delete				
NAME	UMANA, CLARA				
STREET ADDRESS	10640 S.W. 96TH STREET				
CITY-ST-ZIP	MIAMI FL 33176				
TITLE	NAME ☐ Delete				
NAME	ORTIZ, MYRIAM				
STREET ADDRESS	520 BRICKELL KEY DRIVE, APT A1113				
CITY-ST-ZIP	MIAMI FL 33131				
11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10					
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME ☐ Change ☒ Addition				
NAME	VP Gabriel Cardona Galvis				
STREET ADDRESS	520 Brickell Key Dr. #1113				
CITY-ST-ZIP	Miami FL 33131				
TITLE	NAME ☐ Change ☒ Addition				
NAME	VP Carter, Orlando Pedro				
STREET ADDRESS	14810 S.W. 80 ST.				
CITY-ST-ZIP	Miami FL 33193				
TITLE	NAME ☐ Change ☒ Addition				
NAME	VP Helmut Levy				
STREET ADDRESS	1800 Columbus Blvd				
CITY-ST-ZIP	Coral Gables, FL 33134				
TITLE	NAME ☐ Change ☐ Addition				
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		4-28-04 (305) 377-0308			
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #			