2005 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Secretary of State DOCUMENT # N03000006543 05-16-2005 90198 019 ****61.25 COLUSANA, INC. Principal Place of Business Mailing Address 4000000 **520 BRICKELL KEY DRIVE 520 BRICKELL KEY DRIVE** A1113 A1113 MIAMI, FL 33131 MIAMI, FL 33131 2. Principal Place of Business 3. Mailing Address P.O. Box Suite, Apt. #, etc. Suite, Apt. #, etc. 05112005 Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 83-0368358 Applied For Tondo Miami Not Applicable Zip Country \$8.75 Additional 5. Certificate of Status Desired 33152-USA Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent 41 varo ORTIZ, ALVARO H 520 BRICKELL KEY DRIVE Street Address (P.O. Box Number is Not Acceptable) 10640 A1113 MIAMI, FL 33131 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 9. Election Campaign Financing Filing Fee is \$61.25 Make check payable to \$5.00 May Be Trust Fund Contribution Due by September 7, 2005 Added to Fees Florida Department of State 10. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 11. TITLE ☐ Delete TITLE Change ☐ Addition NAME ORTIZ, ALVARO H STREET ADDRESS 520 BRICKELL KEY DRIVE, APT A1113 STREET ADDRESS CITY-ST-ZIP MIAMI, FL 33131 CITY-ST-ZIP VΡ TITLE Delete TITI F ☐ Change Addition X GALVIS, GABRIEL C Orlando Eslava NAME NAME 17900 N. Bay Pd. #303 STREET ADDRESS 520 BRICKELL KEY DR #1113 STREET ADDRESS CITY+ST-ZIP MIAMI, FL 33131 CITY-ST-7IP Sunny Isles FI 33160 VΡ TITLE Delete TITLE **Addition** ☐ Change ORTEZ, ORLANDO NAME Eduardo Reyes STREET ADDRESS 14810 SW 80 ST STREET ADDRESS 6141 N.W. CITY-ST-ZIP MIAMI, FL 33193 CITY-ST-ZIP oral, Fl VP TIT) F Delete TITLE Addition Addition NAME LEVY, HELAMN Enrique Madriñan NAME STREET ADDRESS 1800 COLOMBUS BLVD STREET ADDRESS 14879 S.W. CITY-ST-7IP MIAMI, FL 33134 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change Addition UMANA, CLARA NAME NAME STREET ADDRESS 10640 S.W. 96TH STREET STREET ADDRESS CITY-ST-7IP MIAMI, FL 33176 CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition ORTIZ, MYRIAM NAME NAME 520 BRICKELL KEY DRIVE, APT A1113 STREET ADDRESS STREET ADDRESS MIAMI, FL 33131 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 trusted empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if

FILED

May 16, 2005 8:00 am