

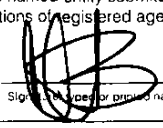
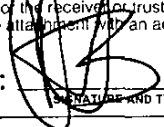


2007 NOT-FOR-PROFIT CORPORATION REINSTATEMENT

| | | | | | | | |
|--|---|------------------------------|--|---|--|--|--|
| DOCUMENT # N95000001756 1. Entity Name COLOMBIAN AMERICAN BAR ASSOCIATION, INC. | | | |  | | <div style="font-size: 2em; font-weight: bold; margin-bottom: 10px;">FILED</div> <div style="font-size: 1.2em;">07 APR 23 AM 8:50</div> <div style="font-size: 0.8em; margin-top: 10px;">CLERK OF STATE TALLAHASSEE, FLORIDA</div> | |
| Principal Place of Business 999 PONCE DE LEON BLVD. PENTHOUSE 1120 CORAL GABLES, FL 33134 US | | | | Mailing Address 999 PONCE DE LEON BLVD. PENTHOUSE 1120 CORAL GABLES, FL 33134 US | | | |
| 2. Principal Place of Business - No P.O. Box # 2565 SW 27 AVE Suite, Apt. #, etc. Suite A | | | 3. Mailing Address SAME Suite, Apt. #, etc. | | |  | |
| City & State COCONUT GROVE, FL | | | City & State | | | 4. FEI Number 65-0573583 | |
| Zip 33133 | | Country Miami-Dade | | Zip | | Country | |
| 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | | | | | | Applied For <input type="checkbox"/> Not Applicable | |
| 6. Name and Address of Current Registered Agent SALLATO, MARIA TERESA 9990 S.W. 77TH AVE., #311 MIAMI, FL 33156 | | | | 7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City | | | |
| 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. | | | | City FL Zip Code | | | |
| SIGNATURE  <small>Signature of registered agent and title if applicable</small> | | | | DATE 4/19/07 <small>(NOTE: Registered Agent signature required when reinstating)</small> | | | |
| FILE NOW!!! FEE IS \$122.50 | | | | In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice. | | | |
| Make check payable to Florida Department of State | | | | | | | |
| 10. OFFICERS AND DIRECTORS | | | | 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D ROJAS, MARCO 520 BRICKELL KEY DRIVE, #O-305 MIAMI, FL 33131 | | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | D REYNOSO, WALTER 2937 SW 27TH AVENUE, #107 COCONUT GROVE, FL 33133 | | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DT SALLATO, MARIA T 9990 SW 77 AVE #311 MIAMI, FL 33156 | | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | DS WOODBIDGE, FREDERICK JR 7700 N KENDALL DRIVE, #809 MIAMI, FL 33156 | | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | PD VILAR, PATRICK 999 PONCE DE LEON BLVD., PH 1120 CORAL GABLES, FL 33134 | | | <input type="checkbox"/> Delete | | | |
| TITLE NAME STREET ADDRESS CITY-ST-ZIP | VP VELEZ-FELFLE, SANDRA 2565 S.W. 27TH AVE, STE A MIAMI, FL 33133 | | | <input type="checkbox"/> Delete | | | |
| 12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, 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. | | | | President VELEZ-FELFLE, Sandra 2565 SW 27 AVE, #A, MIAMI, FL 33133 | | | |
| SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small> | | | | Date 4/19/07 (305) 598-9600 <small>Date Time Phone</small> | | | |