

**2013 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# F54771

**Entity Name:** BANACOL MARKETING CORPORATION**Current Principal Place of Business:**355 ALHAMBRA CIR., #1510  
CORAL GABLES, FL 33134**Current Mailing Address:**355 ALHAMBRA CIR., #1510  
CORAL GABLES, FL 33134 US**FEI Number:** 59-2148171**Certificate of Status Desired:** No**Name and Address of Current Registered Agent:**CORPORATION COMPANY OF MIAMI  
201 S. BISCAYNE BLVD  
#1500  
MIAMI, FL 33131 US*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.***SIGNATURE:**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title            PRESIDENT  
Name            HENRIQUEZ, VICTOR  
Address        CALLE 26 SUR # 48-12  
City-State-Zip: MEDELLIN ANTIOQUIA 01157

Title            DIRECTOR  
Name            HARRY, GABRIEL  
Address        CALLE 26 SUR # 48-12  
City-State-Zip: MEDELLIN ANTIOQUIA 01157

Title            VP  
Name            VELASQUEZ, MARIA T  
Address        CALLE 26 SUR # 48-12  
City-State-Zip: MEDELLIN ANTIOQUIA 01157

Title            DIRECTOR  
Name            SANTA, CARLOS E  
Address        CALLE 26 SUR #48-12  
City-State-Zip: MEDELLIN ANTIOQUIA 01157

Title            SECRETARY  
Name            TRUJILLO, JUAN D  
Address        CALLE 26 SUR #48-12  
City-State-Zip: MEDELLIN ANTIOQUIA 01157

Title            CFO  
Name            MARTINEZ, SANTIAGO  
Address        CALLE 26 SUR # 48-12  
City-State-Zip: MEDELLIN ANTIOQUIA 01157

Title            DIRECTOR  
Name            CORREA, JUAN F  
Address        CALLE 26 SUR # 48-12  
City-State-Zip: MEDELLIN ANTIOQUIA 01157

Title            VP  
Name            SHERIDAN, WILLIAM  
Address        16 MEADOW LARK DR  
City-State-Zip: EAST NORTH PORT NY 11731

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** NATALIA HENAO**OFFICER****01/15/2013**

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name BORCHERS, ROSIE  
Address 6210 FULSHER LANE  
City-State-Zip: CINCINNATI OH 45243

Title OFFICER  
Name HENAO, NATALIA  
Address 355 ALHAMBRA CIR., #1510  
City-State-Zip: CORAL GABLES FL 33134