04-26-1999 90062 006 ***150.00

.. FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT

1. Corporation	IIA COLOMBIANA DE ELEC	TRICIDAD				
Principal Place	e of Business	Mailing Address			i 108:01 lings singt assit paral blint and state gravi alak dravi alau assit f	141
1111 W JEFFERSON ST 1111 W JEFFERSON STREET			- TAX DE	PŦ.		
TAX DEPT P.O. BOX 50					DO NOT WRITE IN THIS SPACE	
BOISE ID 83702	BOISE ID 83728-0001					
US		US			3. Date Incorporated or Qualifed	
2 2		2a. Mailing Address			08/29/1927 4. FEI Number Applied Fo.	_
	al Place of Business 2a. Mailing Address 25				13-5601099 Not Applica	—-
26 Suite, Apt. #, etc. Suite, Apt. #, etc.					\$8.75 Additiona	
22	27				5. Certificate of Status Desired Fee Required	ĺ
City & State City & State					6. Election Campaign Financing S5.00 May Be	
23	28			Trust Fund Contribution Added to Fees		
Zip	Country Zip		Country	у	8. This corporation owes the current year Intangible	
24	25 29 30		30		Personal Property Tax. Yes No	
	9. Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered Agent	
			81	Name		
CT CORPORATION SYSTEM 1200 S. PINE ISLAND ROAD			82	Street Addr	reet Address (P.O. Box Number is Not Acceptable)	
, PLAN	ITATION FL 33324		83	3		}
i			84	City	85 Zip Code	\rightarrow
				'	FL ⁶⁰ FL	
affina ar r	to the provisions of Sections 607.050 egistered agent, or both, in the State m familiar with, and accept the obligat	of Florida. Such change was aut tions of, Section 607.0505, Flori	thorized by da Statute:	, the corporations.	poration submits this statement for the purpose of changing its register on's board of directors. I hereby accept the appointment as registered	
	Signature, typed or printed name of registered agent and title if applicable. (NOTE: I			ent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	2
12.	OFFICERS AND DIRECTORS DELETE		13.		Change □ Ad	
TITLE	_		1.1 IIILE 1.2 NAME		- -	
NAME	HOLLERAN, J.W. DDRESS 1111 W JEFFERSON ST		1.3 STREET ADDRESS			
STREET ADDRESS	BOINE ID		1.4 CITY-ST-ZIP			}
CITY-ST-ZIP TITLE			2.1 TITLE	51-ZIP	☐ Change ☐ Ad	idition
	11 00		2.2 NAME			
NAME			2.3 STREET ADDRESS			
STREET ADDRESS	noise in		2, 4 CITY-ST-ZIP			
CITY-ST-ZIP			3.1 TITLE		☐ Change ☐ Ad	dition
NAME	PELLINEN, HERBERT W.			1		-
STREET ADDRESS	AAAA NA JEEGEROOM OT			ET ADDRESS		
			3.4, CITY-			
CITY-ST-ZIP	VATD	DELETE	4.1 TITLE		Change Ad	dition
NAME	FLACKER, E.A.	_	4, 2 NAME			
STREET ADDRESS	1111 W JEFFERSON ST		1	ET ADDRESS		
CITY-ST-ZIP	BOISE ID			ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE		☐ Change ☐ Ac	dition
NAME	LITTMAN, IRVING		5.2 NAME			1
STREET ADDRESS			5.3 STREE	ET ADDRESS		ļ
CITY-ST-ZIP	BOISE ID 54		5.4 CITY-			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad	dition
NAME			6.2 NAME	,		1
STREET ADDRESS			6.3 STREI	ET ADDRESS		- 1

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 607. 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:

ASSISTANT TREASURER APR 2 0 1999

808-364-792 CITY-ST-ZIP

SIGNATURE: X

208-384-7920 Daytime Phone #