

FILE NOW: FILING FEE AFTER MAY 1 IS \$25.00

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95 APR 19 AM 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Martinez Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 318983 (4)			
1. Corporation Name COLOMBIAN-GERMAN-OVERSEAS COMPANY, INC.			
Principal Place of Business 754 NORTHEAST 71ST ST MIAMI FL 33138		Mailing Address 754 NORTHEAST 71ST ST MIAMI FL 33138	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent			
COEPPICUS, BEATRIZ 754 NE 71 ST MIAMI FL 33138			
10. Name and Address of New Registered Agent			
81 Name			
82 Street Address (P.O. Box Number is Not Acceptable)			
83			
84 City			
85 Zip Code			
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE			
(NOTE: Registered Agent signature required when reappointing)			
DATE			
12. OFFICERS AND DIRECTORS			
TITLE	TV	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	COEPPICUS, GERRY	1.1 TITLE ☐ Change ☐ Addition	
STREET ADDRESS	754 NE 71 STREET	1.2 NAME	
CITY-ST-ZIP	MIAMI FL	1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE	SPD	2.1 TITLE ☐ Change ☐ Addition	
NAME	COEPPICUS, BEATRIZ	2.2 NAME	
STREET ADDRESS	754 NE 71 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE ☐ Change ☐ Addition	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE ☐ Change ☐ Addition	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE ☐ Change ☐ Addition	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE ☐ Change ☐ Addition	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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.			
SIGNATURE: <i>Coepicus Beatriz</i>			
DATE: <i>4/15/1995</i>			