## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

460125

(8)

FILED May 01 1996 8:00 am Secretary of State

COLOMBIAN CARNATIONS, INC.					
Principal Place	of Business	Mailing Address			#
B298 N.W. 21ST ST Miami Fl 33122		8298 N.W. 21ST ST MIAMI FL 33122			
				3. Date Incorporated or Qualified 08/26/1974	3a. Date of Last Report 05/01/1995
2. Principal Pla	ce of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<del>,,</del>	26		59-1552231	Not Applicable
Suite, Apt. #	r, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired [	\$8.75 Additional Fee Required
Crty & State	.,	City & State		6. Election Campaign Financing	<b>\$5.00</b> мау Ве
23	and the second of the second o	28		Trust Fund Contribution	Added to Fees
Zφ	Country	- Ζιρ 	Country	8. This corporation has liability for inta Florida Statutes  Yes [	
24	25 9. Name and Address of Curren	29 Sealstered Agent	30	Florida Statutes  Yes [ 10. Name and Address of New Reg	
	<u>.</u>		81 Name		
RODRIGUEZ, RITA M.			82 Street Add	iress (P.O. Box Nuniber is Not Acceptable)	
4750 NW 98 PLACE				rgas ( .e. Bak Harmon to Not ) leadytable,	
MAMI	FL 33172		83		
			84 City		FL 85 Zip Code
11 Pursuant to	a the provisions of Sections 607 0502	and 607 1508 Florida Stalid	es, the above named como	ration submits this statement for the purpo	
or registere	ed agent, or both, in the State of Floric hill and accept the obligations of, Scoti	ia. Such change was authoriz	red by the corporation's boa	and of directors. I hereby accept the appoin	tment as registered agent. I am
SIGNATURE	ir and accept the obligations of, accid	eri dor .dodo, Honor Galdies	<b>)</b> .		
	Signature, typed or printed name of respices chaper t		dE. Risjohard Ajert signature requir		DATE
12.	OFFICERS AND	DIRECTORS  DELETE	13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12  Crange Addition
TITLE NAME	CD Rodriguez, Rita M.		1 1 TOLE 12 NAME		
STREET ADDRESS	4750 NW 98 PLACE		1.3 STHEET ADORESS		
CITY - ST - ZIP	MIAMI FL		14 CITY - ST - ZIP		
THILF	DST	☐ DELETE	2 1 Title		Change Addition
NAME	HERNANDEZ,RAUL		2.2 NAME		
STREET ADDRESS	11789 SW 18 ST.		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MIAMI FL	DELETE	2 4 Cily St ZIP		Change Addition
NAME	PM Espinoza, Lourdes	L Marcie	3 1 TIFLE 3 2 NAME		CrialgeAddition
STREET ADDRESS	5577 NW 105 COURT		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL		34 CHY ST ZIP		
TITLE		☐ DELETE	4 1 HILE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHTY - ST - ZIP		DELETE	4.4 C(Ty - ST - Z)F		Change C Addition
THTLE NAMÉ		Flottere	5 1 THLF 5 2 NAMe		☐ Change ☐ Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY - ST - ZIP			5.4 CHY+S1+ZIP		
TETLE		DELETE	6 1 Tillef		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
C-TY-ST-Z/P			640 TY ST-ZIP		

14.1 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes, I further certify that the information indicated on this annual report or supplemental annual report is five 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 or Block 13 or Statutes.

SIGNATURE:

Mul Huss SECE I

1/29/96 (301) vg2 8,60