

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **F93000001998 (4)**

1. Corporation Name

**COLONY HOLDINGS, LIMITED COMPANY**



Principal Place of Business

**4 COLUMBUS CENTRE, WICKHAMS CAY  
ROAD TOWN, TORTOLA  
VI**

Mailing Address

**801 BRICKELL AVE.  
SUITE 1301  
MIAMI FL 33131**

2. Principal Place of Business

2a. Mailing Address

**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25** **33131**  
**26** **701 Brickell Avenue**  
**27** Suite, Apt. #, etc.  
**28** **Suite 850**  
**29** City & State  
**30** **Miami, Florida**  
**31** Zip  
**32** **33131**  
**33** Country  
**34** **USA**

3. Date Incorporated or Qualified  
**04/27/1993**

3a. Date of Last Report  
**04/27/1995**

4. FEI Number

**NOT APPLICABLE**

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional  
Fee Required**

6. Election Campaign Financing  
Trust Fund Contribution

☐ **\$5.00 May Be  
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**SULLIVAN, JOHN S  
801 BRICKELL AVENUE  
SUITE 1301  
MIAMI FL 33131**

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)  
**701 Brickell Avenue**

83. Suite 850

84. City

**Miami**

**FL**

85. Zip Code  
**33131**

11. Pursuant to the provisions of Sections 607.0502 and 607.1504, 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

Signature taken or printed from original signature filed with the State of Florida

Signature taken or printed from original signature filed with the State of Florida

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

**1** ☐ DELETE  
TITLE **P**  
NAME **MANSFIELD, ABDEL**  
STREET ADDRESS **AVDA. FEDERICO BOYD NO. 33**  
CITY-ST-ZIP **PANAMA 1**  
**2** ☐ DELETE  
TITLE **S**  
NAME **LEDEZMA, HERIBERTO**  
STREET ADDRESS **AVDA. FEDERICO BOYD NO. 33**  
CITY-ST-ZIP **PANAMA 1**  
**3** ☐ DELETE  
TITLE **D**  
NAME **WORLDWIDE CORPORATE SERVICES, INC.**  
STREET ADDRESS **AVDA. FEDERICO BOYD NO. 33**  
CITY-ST-ZIP **PANAMA 1**  
**4** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**5** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
**6** ☐ DELETE  
TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**1** ☐ Change ☐ Addition  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
**2** ☐ Change ☐ Addition  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
**3** ☐ Change ☐ Addition  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
**4** ☐ Change ☐ Addition  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
**5** ☐ Change ☐ Addition  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
**6** ☐ Change ☐ Addition  
6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

**100001878211**  
**-06/27/96--01064--001**  
**\*\*\*2475.00**

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 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement to 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 registered, trusted, empowered to execute this report as required by Chapter 637, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Abdel Mansfield/ President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04/26/96** (305) 381-8340

Date Digitally Printed

CR2E034 (12/95)