FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE
Sandra Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -1 PM 4:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K38416 (9)

1. Corporate Name
COL-CAP CONSULTANTS, INC.

Principal Place of Business	Mailing Address
C/O MAX M. HAGEN, ESQUIRE 16663 N.E. 19TH AVE NORTH MIAMI BEACH FL 33162	C/O MAX M. HAGEN, ESQUIRE 16663 N.E. 19TH AVE NORTH MIAMI BEACH FL 33162

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
10/13/1988	08/10/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Street Address 22 NEW ADDRESS MAX M. HAGEN, 3990 SHERIDAN ST. #104	Suite, Apt. #, etc. 27 NEW ADDRESS
City & County 23 HOLLYWOOD, FL 33021	City & County 28 MAX M. HAGEN, 3990 SHERIDAN ST. #104
Zip / Country 24 / 25	Zip / County 29 HOLLYWOOD, FL 33021 / 30

4. FEI Number	
65-0070418	☐ 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
HAGEN, MAX M. ESQUIRE 16663 N.E. 19TH AVE NORTH MIAMI BEACH FL 33162	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) NEW ADDRESS 83 MAX M. HAGEN, 3990 SHERIDAN ST. #104 84 City HOLLYWOOD, FL 33021 FL 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: _____ (Registered Agent's name typed or printed and title if applicable) (NOTE: Registered Agent signature required when name is changed) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, JOSE	12 NAME	
STREET ADDRESS	3545 W. 71 ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	14 CITY-ST-ZIP	
TITLE	STD	21 TITLE	☐ Change ☐ Addition
NAME	FERNANDEZ, ANDRES F.	22 NAME	
STREET ADDRESS	3545 N.W. 71 ST.	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33147	24 CITY-ST-ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY-ST-ZIP		34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I 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)(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 added to the report with an address.

SIGNATURE: [signature] Jose A. FERNANDEZ SR 03/10/95 305/835-7400
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR Date Daytime Phone #

0170103 CP