

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **K65452** (0)

1. Corporation Name

COLUSA INTERNATIONAL, INC.



Principal Place of Business

**7823 N.W. 72 AVE
MEDLEY FL 33166**

Mailing Address

**P.O. BOX 522877
MIAMI FL 33152-877
US**

2. Principal Place of Business

21 **7823 NW 72 AV**

Suite, Apt. #, etc.

22 **MIDLEY FL**

City & State

23 **FL**

Zip

24 **33166**

Country

25 **U.S.**

2a. Mailing Address

26 **P.O. Box 522877**

Suite, Apt. #, etc.

27 **MIAMI**

City & State

28 **FL**

Zip

29 **33152**

Country

30 **US**

3. Date Incorporated or Qualified

02/14/1989

3a. Date of Last Report

04/27/1995

4. FET Number

65-0099609

Applied For

Not Applicable

5. Certificate of Status Desired

☐ **\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐ **\$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

**OSPINA, NUBIA
830 WEST 73 PLACE
HIALEAH FL 33014**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Nubia Ospina

4-20-96

Signature of Officer or Director (Typed Name and Title)

Signature of Registered Agent (Typed Name and Title)

Date

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **PSD
OSPINA, NUBIA**
STREET ADDRESS **830 WEST 73 PL**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME **TD
OSPINA, LEYLA A.**
STREET ADDRESS **830 WEST 73RD PLACE**
CITY-ST-ZIP **HIALEAH FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 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 119.07(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 officer 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:

Nubia Ospina
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-96

Date

Original Printed #

CR2E034 (12/95)