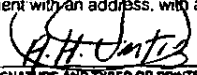


2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

5/3

FILED
May 28, 2004 8:00 am
Secretary of State

05-03-2004 90739 027 ****61.25

DOCUMENT # N03000006543					
1. Entity Name COLUSANA, INC.					
Principal Place of Business 520 BRICKELL KEY DRIVE A1113 MIAMI FL 33131 US		Mailing Address 520 BRICKELL KEY DRIVE A1113 MIAMI FL 33131 US		 MOORE CR2E037 (11/03)	
2. Principal Place of Business		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State			
Zip	Country	Zip	Country	4. FEI Number 83-0368358	
				Applied For Not Applicable	
5. Certificate of Status Desired ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
ORTIZ, ALVARO H 520-BRICKELL-KEY-DRIVE A1113 MIAMI FL 33131				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ DATE _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)					
FILE NOW. FEE IS \$61.25 Due By May 1, 2004		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
				Make Check Payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	P	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ORTIZ, ALVARO H		NAME		
STREET ADDRESS	520 BRICKELL KEY DRIVE, APT A1113		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
TITLE	VP	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	ADATTO, EMILIO		NAME	VP	
STREET ADDRESS	8452 N.W. 61ST STREET		STREET ADDRESS	Gabriel Cardona Galvis	
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	520 Brickell Key Dr. A1113	
TITLE	VP	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	RAMIREZ, FREDDY		NAME	VP	
STREET ADDRESS	8452 N.W. 61ST STREET		STREET ADDRESS	Ortiz, Orlando Roldan	
CITY-ST-ZIP	MIAMI FL 33166		CITY-ST-ZIP	14810 S.W. 80 ST.	
TITLE	VP	☒ Delete	TITLE	☐ Change ☒ Addition	
NAME	PAZ, MARINO		NAME	VP	
STREET ADDRESS	14810 S.W. 80TH STREET		STREET ADDRESS	Helmut Levy	
CITY-ST-ZIP	MIAMI FL 33193		CITY-ST-ZIP	1800 Columbus Blvd	
TITLE	S	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	UMANA, CLARA		NAME		
STREET ADDRESS	10640 S.W. 96TH STREET		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		CITY-ST-ZIP		
TITLE	T	☐ Delete	TITLE	☐ Change ☐ Addition	
NAME	ORTIZ, MYRIAM		NAME		
STREET ADDRESS	520 BRICKELL KEY DRIVE, APT A1113		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33131		CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 			4-28-04 (305) 377-0308		
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			Date Daytime Phone #		