FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # **N12472** (9)

1. Corporation Name

COLOMBIAN DISASTER FUND, INC.

Principal Place of Business: CHANGE

~~% EAGLE NATIONAL BANK~~
~~4550 BISCAYNE BLVD.~~
~~MIAMI FL 33132~~
~~US~~ C/O COLOMBIAN-AMER CH. OF COMMERCE

Mailing Address: CHANGE

~~% EAGLE NATIONAL BANK~~
~~1550 BISCAYNE BLVD.~~
~~MIAMI FL 33132~~
~~US~~ C/O CLEMENCIA TOBON PRESIDENT

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2355 SALZEDO STREET	26 951 CRANDON BLVD.	12/11/1985	08/24/1995
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	☐ Applied For
22 SUITE 209	27 SUITE 827	59-2654854	☐ Not Applicable
City & State	City & State	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 CORAL CABLES FL	28 MIAMI FL.	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
Zip / Country	Zip / Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
24 33134 / 25 DADE	29 33149 / 30 DADE		

9. Name and Address of Current Registered Agent

PENINSULA REGISTERED AGENTS, INC.
PENINSULA FEDERAL BLDG.
200 SE 1ST ST.
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name: STEEL & HECTOR
82 Street Address (P.O. Box Number is Not Acceptable): C/O BURTON-LANDY
83: 200 S. BISCAYNE BLVD. NO. 4000
84 City: MIAMI FL 65 Zip Code: 33131

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: Clemencia Tobon - BURTON LANDY DATE: JULY 31 SF 1996
(Signature, typed or printed name of registered agent, and title if applicable) (NOTE: Registered Agent's signature required when manually filing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD JUANANTONIO TIERANO 280 ARAGON AVE., CORAL GABLES FL 33134	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DIRECTOR CAMILO CANO 280 ARAGON AVE. CORAL GABLES FL. 33134	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD CASTRO, EDUARDO 1150 S. MIAMI AVE., #200 MIAMI FL 33130	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	NO CHANGE 300001925003 -08/19/96--01005--052	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MARULANDA, HECTOR 5461 NW 72ND AVE. MIAMI FL	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	***61.25 NO CHANGE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	C TOBON, CLEMENCIA 1550 BISCAYNE BLVD MIAMI FL	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	PRESIDENT TOBON CLEMENCIA 951 CRANDON BLVD. SUITE 827 MIAMI FL. 33149	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D TORRES, HERNANDO 2355 SALZEDO ST. CORAL GABLES FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	DIRECTOR GLORIA QUINTERO (Ced.V.L.) 7050 S.W. 107th Street MIAMI FL	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD ENRIQUE CORDABA 2100 CORAL WAY MIAMI FL	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	DIRECTOR ENRIQUE-CORDOBA 2100 CORAL WAY MIAMI FL. 33145	☒ Change ☐ Addition

CR2E037 (12/95)

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 receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Clemencia Tobon . CLEMENCIA TOBON/PRESIDENT / 07-31-96 / (305) 361-9735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CS 8/16/96