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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N31670

1. Corporation Name
DIRECTORIO LIBERAL COLOMBIANO DE LA FLORIDA, INC

Principal Place of Business	Mailing Address
C/O MR. CARLOS A. CABRERA 120 N.W. 87 AVENUE N.. F-209 MIAMI FL 33172	C/O MR. CARLOS A. CABRERA 120 N.W. 87 AVENUE N.. F-209 MIAMI FL 33172

2. Principal Place of Business	2a. Mailing Address
21 9735 NW 52 ST	26 9735 NW 52 ST
Suite, Apt. #, etc. 22 #222	Suite, Apt. #, etc. 27 222
City & State 23 MIAMI , FL	City & State 28 MIAMI , FL
Zip / Country 24 33178 25 U.SA	Zip / Country 29 33178 30 U.SA

3. Date Incorporated or Qualified: 04/12/1989

4. FEI Number: 65-0442594 ☐ 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

9. Name and Address of Current Registered Agent

CABRERA, CARLOS
12205 SW 71ST COURT
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: DANIEL ESCALLON
82 Street Address (P.O. Box Number is Not Acceptable)
83: 9735 N.W 52 ST #222
84 City: MIAMI , FL FL 85 Zip Code: 33178

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: [signature] DANIEL ESCALLON PRESIDENT 8/24/99
Signature, type or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☒ DELETE	1.1 TITLE	PD	☒ Change ☐ Addition
NAME	ALEJANDRO, MURCIA		1.2 NAME	DANIEL ESCALLON	
STREET ADDRESS	531 NW 82 AVENUE		1.3 STREET ADDRESS	9735 N.W 52 ST #222	
CITY-ST-ZIP	MIAMI FL 33126		1.4 CITY-ST-ZIP	MIAMI , FL 33178	
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☒ Change ☐ Addition
NAME	VARGAS, ABEL		2.2 NAME	BIANCA SIERRA	
STREET ADDRESS	5275 NW 7 STREET #401		2.3 STREET ADDRESS	3015 N. OCEAN BLVD C117	
CITY-ST-ZIP	MIAMI FL 33126		2.4 CITY-ST-ZIP	FT LAUDERDALE 33308	
TITLE	2V	☒ DELETE	3.1 TITLE	2V	☒ Change ☐ Addition
NAME	BERMUDEZ, ISMAEL		3.2 NAME	JUAN-B- ARBELAIZ	
STREET ADDRESS	87 SW M STREET		3.3 STREET ADDRESS	14905 SW 80 ST #221	
CITY-ST-ZIP	MIAMI FL 33130		3.4 CITY-ST-ZIP	MIAMI , FL 33193	
TITLE	TD	☒ DELETE	4.1 TITLE	TD	☒ Change ☐ Addition
NAME	CABRERA, CARLOS A		4.2 NAME	ALFONSO OTERO	
STREET ADDRESS	12205 SW 71 COURT		4.3 STREET ADDRESS	9240 FONTAINBLEAU BLVD #504	
CITY-ST-ZIP	MIAMI FL 33156		4.4 CITY-ST-ZIP	MIAMI , FL 33172	
TITLE	SD	☒ DELETE	5.1 TITLE	SD	☒ Change ☐ Addition
NAME	VIVES, MANUEL		5.2 NAME	NIDIA T. BENNETT	
STREET ADDRESS	9651 SW 123 AVENUE		5.3 STREET ADDRESS	6564 N.W 172 LANE	
CITY-ST-ZIP	MIAMI FL 33186		5.4 CITY-ST-ZIP	MIAMI , FL 33015	
TITLE	D	☒ DELETE	6.1 TITLE	D	☒ Change ☐ Addition
NAME	CALLE, HAROLD		6.2 NAME	MARIO GOMEZ	
STREET ADDRESS	13591 NW 3 STREET		6.3 STREET ADDRESS	7745 SW 183 TERRACE	
CITY-ST-ZIP	PEMBROKE PINES FL 33028		6.4 CITY-ST-ZIP	MIAMI , FL 33157	

CR2E037 (11/98)

14. 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 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, with all other like empowered.

SIGNATURE: [signature] CHAIRMAN/PRESIDENT REQUIRED 8/4/99 305-418-2361
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #