FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR 14 AM 9:44

DOCUMENT # N45243 (5)

1. Corporation Name

MISION FOR COLOMBIA INC.

Principal Place of Business	Mailing Address
1781 SW 85TH AVE. ~~P O BOX 7343~~ ~~MIRAMAR FL 33081~~ US	P.O. BOX 7343 ~~P O BOX 7343~~ HOLLYWOOD FL 33081 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1781 SW 85 Ave	2a. Mailing Address 26
Suite, Apt. #, etc. 22 N/A	Suite, Apt. #, etc. 27
City & State 23 Miramar, FL	City & State 28
Zip / Country 24 33025 / 25 Broward	Zip / Country 29 / 30

3. Date Incorporated or Qualified: 09/23/1991
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0286672 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required
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
ABRIL, LUZ 1781 S.W. 85TH AVENUE MIRAMAR FL 33025	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 N/A 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE N/A
Signature, typed 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	DC	1.1 TITLE	☐ Change ☐ Addition
NAME	ABRIL, LUZ	1.2 NAME	
STREET ADDRESS	1781 S.W. 85TH AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	1.4 CITY-ST-ZIP	
TITLE	MD	2.1 TITLE	☐ Change ☐ Addition
NAME	ABRIL, ALVARO E	2.2 NAME	
STREET ADDRESS	1781 SW 85 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	TORRES, JAIRO	3.2 NAME	
STREET ADDRESS	709 N. 20 CT.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33020	3.4 CITY-ST-ZIP	
TITLE	S	4.1 TITLE	☐ Change ☐ Addition
NAME	NUNEZ, MARGIE	4.2 NAME	
STREET ADDRESS	9984 PERIWINKLE ST.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	FAINBERG, GILDA	5.2 NAME	
STREET ADDRESS	3157 N. 34 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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)(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 added by this filing with an address.

SIGNATURE: [signature] 4/7/95 (305) 987-6241
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0040647