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59 MAY -1 AM 9:09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Suzanna B. Mumford  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N47739** (0)

1. Corporation Name

**CUMBIAMBEROS DE MIAMI Y MISS COLONIA COLOMBIANA DE MIAMI, INC.**

Principal Place of Business

Mailing Address

5381 W. 20TH CT.  
HIALEAH FL 33016

5381 W. 20TH CT.  
HIALEAH FL 33016  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/06/1992** 3a. Date of Last Report **09/30/1994**  
4. FEI Number **65-0321848** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc 26 Suite, Apt. #, etc

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

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

**EGUIS, JAIRO A**  
**5381 WEST 20TH CT.**  
**APT. 107**  
**HIALEAH FL 33016**

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

SIGNATURE

(Signature filed or printed name of registered agent and the incorporator)

(NOTE: Nonprofit Agent signature required when incorporating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGUIS, JAIRO A.</b>	12 NAME	
STREET ADDRESS	<b>5381 WEST 20 CT</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>HIALEAH FL</b>	14 CITY, ST, ZIP	
TITLE	<b>D</b>	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ARELLANA, FELIX A.</b>	22 NAME	
STREET ADDRESS	<b>11105 N.W. 62ND AVENUE</b>	23 STREET ADDRESS	
CITY, ST, ZIP	<b>HIALEAH FL</b>	24 CITY, ST, ZIP	
TITLE	<b>T</b>	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGUES, INGRID M</b>	32 NAME	
STREET ADDRESS	<b>5381 WEST 20 CT</b>	33 STREET ADDRESS	
CITY, ST, ZIP	<b>HIALEAH FL</b>	34 CITY, ST, ZIP	
TITLE	<b>D</b>	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>EGUIS, EDUARDO A</b>	42 NAME	
STREET ADDRESS	<b>1061 NW, 5TH AV.</b>	43 STREET ADDRESS	
CITY, ST, ZIP	<b>MIAMI FL 33150</b>	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		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)(b), Florida Statutes. I further certify that the information disclosed 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, 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:

*Jairo A. Eguis*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TITLE

DATE