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May 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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 33016-2017
US

3. Date Incorporated or Qualified
03/06/1992

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 5381 W. 20 CT.

26 5381 W. 20 CT.

4. FEI Number
65-0321848

Applied For
Not Applicable

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State
Hialeah, Fla.

28 City & State
Hialeah, Fla.

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip
33016

29 Zip
33016

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 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, 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 D DELETE
NAME EGUIS, JAIRO A.
STREET ADDRESS 5381 WEST 20 CT
CITY-ST-ZIP HIALEAH FL

11 TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

TITLE D DELETE
NAME ARELLANA, FELIX A.
STREET ADDRESS 11105 N.W. 62ND AVENUE
CITY-ST-ZIP HIALEAH FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE T DELETE
NAME EGUES, INGRID M
STREET ADDRESS 5381 WEST 20 CT
CITY-ST-ZIP HIALEAH FL

3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D DELETE
NAME EGUIS, EDUARDO A
STREET ADDRESS 1061 NW. 5TH AV.
CITY-ST-ZIP MIAMI FL 33150

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D DELETE
NAME GERMAN, NAVARRO
STREET ADDRESS 1235 S.W. 94 CT.
CITY-ST-ZIP MIAMI FL

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE Change Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE:

Orin Davis
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-21-97

Date

Daytime Phone # 0023328

CR2E037 (9/96)