1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N47739

1. Corporation Name

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

*SEE NOTE ATTACKED

5381 W. 20TH CT. HIALEAH FL 33016 Mailing Address

5381 W. 20TH CT. HIALEAH FL 33016

US

FILED May 08, 1999 8:00 am § Secretary of State

05-08-1999 90086 010 ****70.00



	Principal Place of Business 2a. Mailing Address					3. Date incorporated or Qualifed			
21	26					03/06/1992			
L.	Suite, Apt. #, etc.					4. FEI Number Applied For 65-0321848 Not Applicable			
22			27		,				
23	City & State City & State					5. Certificate of Status Desired S			
23	Zip	Country	Zip		Country		6. Election Campaign Financing S5.00 May Be		
24		25	29	30			Trust Fund Contribution Added to Fees		
24		9. Name and Address of Curren					10. Name and Address of New Registered Agent		
					81	Name	me		
	EGUIS, JAIRO A					82 Street Address (P.O. Box Number is Not Acceptable)			
	5381 WEST 20TH CT.					Street Address (P.O. Box Number is Not Acceptable)			
							- All the second		
1	APT. 107 HIALEAH FL 33016								
	DIALEAD I	-L 33016			84	City	y 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.								
\ _									
S	IGNATURE	Signature, typed or printed name of registered agen	t and title if applicable.	(NOTE: Regi	istered Agen	t signature	ture required when reinstating) DATE		
12	2.	OFFICERS AN	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TIT	rue .	D		DELETE	1.1 TITLE		☐ Change ☐ Addition		
NA	ME	EGUIS, JAIRO A.			1.2 NAME				
ST	REET ADDRESS	5381 WEST 20 CT			1.3 STREET	ADDRESS	RESS		
сп	TY-ST-ZIP	HIALEAH FL		•	1.4 CITY-S]	-ZIP			
TIT	rle .	D	*	DELETE	2.1 TITLE		Richard Carva TaliNomange Addition 1717 N. Bayshore Dr. Sciele 1888 High Ita 33137 1731		
N.A	WE	ARELLANA, FELIX A.			2.2 NAME		1717 N Baushope DR. Duce		
ST	REET ADDRESS	11105 N.W. 62ND AVENUE			2.3 STREET	ADDRESS	Miau Fa. 33132 1731		
cr	TY-ST-ZIP	HIALEAH FL			2. 4 CITY-S	T-ZIP	P(TOKUT IL. JJ.JL		
TII	TLE	T	[] DELETE	3.1 TITLE		☐ Change ☐ Addition		
N/A	WE	EGUES, INGRID M			3.2 NAME				
ST	REET ADDRESS	5381 WEST 20 CT			3.3 STREET	ADDRESS	IESS		
CIT	TY-ST-ŽIP	HIALEAH FL			3.4. CITY-S	T-ZIP			
TIT	rlE	D ·		DELETE	4.1 TITLE		☐ Change ☐ Addition		
N.A	ME	EGUIS, EDUARDO A			4. 2 NAME				
ST	REET ADDRESS	1061 NW. 5TH AV.			4.3 STREET	ADDRESS	RESS .		
CIT	ry-st-zip	MIAMI FL 33150			4.4 CITY- \$1	-ZIP			
π	N.E	D ·		DELETE	5.1 TITLE		☐ Change ☐ Addition		
NA	ME	GERMAN, NAVARRO			5.2 NAME				
ST	REET ADDRESS	1235 S.W. 94 CT.			5.3 STREET	ADDRES	RESS		
Сп	TY-ST-ZIP	MIAMI FL			5.4 CITY-ST	-ZIP			
Tri	ΓLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
N/A	WE	• •			6.2 NAME				
ST	REET ADDRESS				6.3 STREET	ADDRESS	RESS		
Lon	TV_\$T.7IP				6.4 CITY-S1	- ZIP			

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 comporation 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:

HALLSON AND THE SQUIRE INSTITUTE AND TYPED OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

4-18-99

Daytime Phone #

2E037 (11/98)