SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.

AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

OCUMENT # N9300004208

ORGANIZACION COLOMBIANOS UNIDOS DE LA FLORIDA CE NTRAL, INC.

300 S SERMORAN BLVD **TE 110**)RLANDO FL 32822

FILED Sep 10, 1999 8:00 am Secretary of State

09-10-1999 90011 029 ****61.25

614330 - 90011 - 29 incipal Place of Business Mailing Address P O BOX 677053 ORLANDO FL 32867-053 Date Incorporated or Qualifed 09/13/1993 Principal Place of Business 2a. Mailing Address 26 4. FEI Number 59-3209772 Suite, Apt. #, etc. Applied For Suite, Apt, #, etc. Not Applicable 27 City & State \$8.75 Additional City & State 5. Certifcate of Status Desired Fee Required 28 Country \$5.00 May Be Zip Country Zip 6. Election Campaign Financing 30 Trust Fund Contribution Added to Fees 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name OLIVELLA, GABRIEL Street Address (P.O. Box Number is Not Acceptable) 82 4300 S SEMORAN BLVD, STE 110 83 ORLANDO FL 32822 Zip Code 85 84 City 1. 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. **IGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. Change ☐ Addition DELETE 1.1 TITLE 1F DIEGO, JATIVA 12 NAME ΜE 13444 HAMPHIRE PLACE CR 1.3 STREET ADDRESS REET ADDRESS ALTAMONTE SPRINGS FL 1.4 CITY-ST-ZIP Y-ST-ZIP Change Addition □ DELETE Keveiz 21 TITLE 16 1724 Brookway St. OLIVELLA, GABRIEL 2.2 NAME ME 4300 S SEMORAN BLVD STE 110 2.3 STREET ADDRESS orlando, Fh. REET ADDRESS ORLANDO FL 2. 4 CITY-ST-ZIP TY-ST-ZIF ☐ Addition ☐ Change DELETE 3.1 TITLE πE GONZALEZ, SAYNARA 3.2 NAME ME 7818 WINTERSONG DR REET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 3.4, CITY-ST-ZIP TY-ST-ZIP Change Addition [] DELETE 4.1 TITLE ſŒ VELEZ, NINFA 4. 2 NAME ME 10126 TRILLIUMS DR 4.3 STREET ADDRESS REET ADDRESS ORLANDO FL 4.4 CITY-ST-ZIP TY-ST-ZIP Change Addition DELETE 5.1 TITLE TLE 5.2 NAME WE 5.3 STREET ADDRESS REET ADDRESS 5 4 CITY-ST-ZIP TY-ST-ZIP

4. 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 arrival address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

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WF

FREET ADDRESS TY-ST-ZIP

SIGNATURIER QUIRED

[] DELETE

☐ Addition

☐ Change

(2/3)CR2E037