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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 # N93000005400 (7)

1. Corporation Name

COLOMBIAN FINE ARTS FOUNDATION, INC.



Principal Place of Business

Mailing Address

**650 CORAL WAY
#407
CORAL GABLES FL 33134**

**650 CORAL WAY
#407
CORAL GABLES FL 33134-7542**

3. Date Incorporated or Qualified
12/01/1993

3a. Date of Last Report
08/30/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number
65-0491520

Applied For
☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional

Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

**JASLOW, CRAIG A ESQ.
9351 FOUNTAINE BLEAU BLVD.
SUITE B-307
MIAMI FL 33172**

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 **PSD** ☐ DELETE
NAME **PINEDO, JULIETA**
STREET ADDRESS **650 CORAL WAY, #407**
CITY-ST-ZIP **CORAL GABLES FL 33134**

1.1 TITLE **P-D** ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE **TD** ☐ DELETE
NAME **PERTUZ, ALVARO**
STREET ADDRESS **11735 S.W. 114TH TERRACE**
CITY-ST-ZIP **MIAMI FL 33186**

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

TITLE **D** ☒ DELETE
NAME **JASLOW, CRAIG A**
STREET ADDRESS **9351 FOUNTAINE BLEAU BLVD., #B-307**
CITY-ST-ZIP **MIAMI FL 33172**

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

TITLE **V** ☐ DELETE
NAME **RUIZ, JAZMIN**
STREET ADDRESS **15193 MONTROSE RD.**
CITY-ST-ZIP **MIAMI FL 33016**

4.1 TITLE **V-D** ☒ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE **S-D** ☐ Change ☒ Addition
5.2 NAME **CRISTINA ALBERNI**
5.3 STREET ADDRESS **11800 S.W. 80 ST., #113**
5.4 CITY-ST-ZIP **MIAMI, FL 33183**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE **D** ☐ Change ☒ Addition
6.2 NAME **DILIA SCHAUER**
6.3 STREET ADDRESS **4550 S.W. 15 ST.**
6.4 CITY-ST-ZIP **CORAL GABLES, FL 33134**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)

4-24-97 **C305**
235-6249