

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 650 CORAL WAY #407 CORAL GABLES FL 33134		Mailing Address 650 CORAL WAY #407 CORAL GABLES FL 33134		3. Date Incorporated or Qualified 12/01/1993	
2. Principal Place of Business 21 P.O. Box 165914 Suite, Apt. #, etc.		2a. Mailing Address 26 P.O. Box 165914 Suite, Apt. #, etc.		4. FEI Number 65-0491520	
22 City & State 23 Miami, FL 33166-5914 Zip Country		27 City & State 28 Miami, FL 33166-5914 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Zip 25 Country		29 Zip 30 Country		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent JASLOW, CRAIG A ESO. 9351 FOUNTAINE BLEAU BLVD. SUITE B-307 MIAMI FL 33172				10. Name and Address of New Registered Agent 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		(NOTE: Registered Agent signature required when reinstating)		DATE	
Signature, typed or printed name of registered agent and title if applicable					
12. OFFICERS AND DIRECTORS					
TITLE	PD	NAME		PINEDO, JULIETA	
STREET ADDRESS	650 CORAL WAY, #407	STREET ADDRESS		CORAL GABLES FL	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP		CORAL GABLES FL	
TITLE	TD	NAME		PERTUZ, ALVARO	
STREET ADDRESS	11735 S.W. 114TH TERRACE	STREET ADDRESS		MIAMI FL 33186	
CITY-ST-ZIP	MIAMI FL 33186	CITY-ST-ZIP		MIAMI FL 33186	
TITLE	D	NAME		SCHAUER, DILIA	
STREET ADDRESS	4550 SW 15TH ST	STREET ADDRESS		CORAL GABLES FL	
CITY-ST-ZIP	CORAL GABLES FL	CITY-ST-ZIP		CORAL GABLES FL	
TITLE	VD	NAME		RUIZ, JAZMIN	
STREET ADDRESS	15193 MONTROSE RD.	STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP		MIAMI FL	
TITLE	SD	NAME		ALBERNI, CRISTINA	
STREET ADDRESS	11800 SW 80TH ST #113	STREET ADDRESS		MIAMI FL	
CITY-ST-ZIP	MIAMI FL	CITY-ST-ZIP		MIAMI FL	
TITLE		NAME			
STREET ADDRESS		STREET ADDRESS			
CITY-ST-ZIP		CITY-ST-ZIP			
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE	P	1.2 NAME		GUSTAVO MARINO	
1.3 STREET ADDRESS	4570 SW 68 CT	1.4 CITY-ST-ZIP		MIAMI, FL 33155	
2.1 TITLE	TD	2.2 NAME		ANGELA ALCS	
2.3 STREET ADDRESS	11940 SW 81 RD	2.4 CITY-ST-ZIP		MIAMI, FL 33156	
3.1 TITLE	SD	3.2 NAME		MARIA JOSE VASQUEZ	
3.3 STREET ADDRESS	5790 SW 61th st	3.4 CITY-ST-ZIP		MIAMI, FL 33155	
4.1 TITLE		4.2 NAME			
4.3 STREET ADDRESS		4.4 CITY-ST-ZIP			
5.1 TITLE		5.2 NAME			
5.3 STREET ADDRESS		5.4 CITY-ST-ZIP			
6.1 TITLE		6.2 NAME			
6.3 STREET ADDRESS		6.4 CITY-ST-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 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

4/10/98

Date

Daytime Phone # 00000000

CR2E037 (10/97)