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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morlham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N94000002229 (2)**

1. Corporation Name

ARTISTAS COLOMBIANOS, INCORPORATED

100001798521

03/26/96--01162--009



Principal Place of Business: 833 COLONIAL ROAD WEST PALM BEACH FL 33405
Mailing Address: 833 COLONIAL ROAD WEST PALM BEACH FL 33405

3. Date Incorporated or Qualified: 05/02/1994
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0579660
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21
2a. Mailing Address: 26
Suite, Apt. #, etc.: 22
City & State: 23
Zip: 24 Country: 25
City & State: 28
Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

GALLEGO, ALMA
833 COLONIAL RD.
WEST PALM BEACH FL 33405

10. Name and Address of New Registered Agent

81 Name: MARTHA M. PARDO
82 Street Address (P.O. Box Number is Not Acceptable): 5870 TRIPHAMMER ROAD
83
84 City: LAKE WORTH FL 85 Zip Code: 33463

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: *Martha M. Pardo.*

02-23-96

12. OFFICERS AND DIRECTORS

TITLE	SD	<input type="checkbox"/> DELETE
NAME	LOPEZ, JORGE	
STREET ADDRESS	5870 TRIPHAMMER ROAD	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BULDING, EDITH	
STREET ADDRESS	5870 CIRCLE WEST	
CITY-ST-ZIP	LAKE WORTH FL 33463	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	GALLEGO, ALMA	
STREET ADDRESS	833 COLONIAL ROAD	
CITY-ST-ZIP	WEST PALM BEACH FL 33405	
TITLE	DVP	<input type="checkbox"/> DELETE
NAME	JIMENEZ, NOHORA	
STREET ADDRESS	1015 MICOW CIRCLE	
CITY-ST-ZIP	LANTANA FL 33462	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ALONSO OSPINA	
1.3 STREET ADDRESS	769 DAFFOLDIEL DR.	
1.4 CITY-ST-ZIP	WELLINGTON, FL. 33414	
2.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ANNIE DEL ROSARIO	
2.3 STREET ADDRESS	1445 SE GREEN VILLAGE DR.	
2.4 CITY-ST-ZIP	PORT ST. LUCIE, FL-34952	
3.1 TITLE	TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CAROLINA GONZALEZ	
3.3 STREET ADDRESS	4905 S. DIXIE HW.	
3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33405	
4.1 TITLE	VICE-PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	AREM ELIZEE	
4.3 STREET ADDRESS	431 BAKERY DR.	
4.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
5.1 TITLE	PARLAMENTARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	CARLOS SILVER	
5.3 STREET ADDRESS	4905 S. DIXIE HW.	
5.4 CITY-ST-ZIP	WEST PALM. BEACH, FL 33405	
6.1 TITLE	PARLAMENTARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	LAURA GONZALEZ	
6.3 STREET ADDRESS	325 WINTER ST	
6.4 CITY-ST-ZIP	WEST PALM BEACH, FL-33405	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Martha M. Pardo.*

02-23-96

MAR 25 1996

CR2E037 (12/95)