FILE NOW: FILING FEE IS \$61.25

DELETE

DELETE

DELETE

DELETE

☐ DELETE

NONPROFIT CORPORATION ANNUAL REPORT

1998

SYREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

TITLE

TITLE

TITLE

TITLE

CASTANEDA, FABIO

MIRAMAR FL 33023

CASTANEDA, CECILIA

MIRAMAR FL 33023

10325 NW 8TH ST.

ALVAREZ, ELISA

2210 SW 67TH TERRACE

PEMBROKE PINES FL 33026

2210 SW 67TH TERRACE

PEMBROKE PINES FL 33024

21

22

23

24



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

2.1 TITLE

2.2 NAME

3.1 TITLE

3.2 NAME

4.1 TOTLE

4 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

2.3 STREET ADDRESS

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

3.4. CITY - ST-ZIP

2.4 CITY-ST-ZIP

1.4 CITY-ST-ZIP

DOCUMENT # N94000002546 (9)

UNIDOS POR UN MANANA COLOMBIA INC.

Principal Plac	e of Business	Mailing Address					
8390 NW 24 PLACE PEMBROKE PINES FL 33024		9390 NW 24 PLACE PEMBROKE PINES FL 33024		Date incorporated or Qualified 05/16/1994 FEI Number	Applied For		
—	lace of Business	2a. Mailing Address			65-0508552 5. Certificate of Status Desired	Not Applicable \$8.75 Additional	
Sulte, Apt. #, etc.		26 Suite, Apt. #, etc.		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
City & State		City & State		7. Is this nonprofit corporation a homeowners association?			
Zip 24	Country 25	Zip Country 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
	9. Name and Address of Cur	rent Registered Agent			10. Name and Address of New Registered	J Agent	
			ľ	81 Name			
BERNAL, NORA 9390 NW 24 PLACE PEMBROKE PINES FL 33024				Street Ad	Street Address (P.O. Box Number is Not Acceptable)		
			- 1	83			
			ļ	84 City	F	85 Zip Code	
office or r	to the provisions of Sections 617.0 registered agent, or both, in the St im familiar with, and accept the ob	ate of Florida. Such change was	authorized	by the corpor	rporation submits this statement for the purpose ation's board of directors. I hereby accept the ap	of changing its registered pointment as registered	
SIGNATURE							
12.	Signature, typed or printed name of registered		TE: Registered	Agent signature rec	juired when reinstating) ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTORS IN 12	
TITLE	PD OFFICERS /	AND DIRECTORS	1.1 111	<u>. 1</u>	ADDITIONS/CHANGES TO OFFICERS AF	ID DIRECTORS IN 12 Change Addition	
NAME] , =		1.2 NA	~ }		C overige C votation	
				··· 1		j	
STREET ADDRESS	9390 NW 24 PLACE		1.3 \$16	EET ADDRESS			

Change

☐ Change

Change

Change

Change

Addition

Addition

Addition

Addition

Addition

FILED

Mar 06 1998 8:00am

Secretary of State

6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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:

01-15-98