FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 DEC 13 PM 12:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

451478 - 90262 - 41

DOCUMENT # **N94000002546**

1. Corporation Name
UNIDOS POR UN MANANA COLOMBIA INC.

Principal Place of Business	Mailing Address
9390 NW 24 PLACE PEMBROKE PINES FL 33024	9390 NW 24 PLACE PEMBROKE PINES FL 33024

4/29 99 90262 041 $61.25

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	05/16/1994
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0508552 ☐ Applied For ☐ Not Applica
City & State 23	City & State 28	5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BERNAL, NORA 9390 NW 24 PLACE PEMBROKE PINES FL 33024	91 Name FABIO CASTANEDA 92 Street Address (P.O. Box Number is Not Acceptable) 2210 S.W. 67TH TERRACE 93 94 City MIRAMAR FL FL 95 Zip Code 3302

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 registere 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 Fabio Castaneda 12-8-99
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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Add
NAME	BERNAL, NORA		1.2 NAME	
STREET ADDRESS	9390 NW 24 PLACE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33024		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Add
NAME	CASTANEDA, FABIO		2.2 NAME	
STREET ADDRESS	2210 SW 67TH TERRACE		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023		2.4 CITY-ST-ZIP	
TITLE	SD	☐ DELETE	3.1 TITLE	☐ Change ☐ Add
NAME	CASTANEDA, CECILIA		3.2 NAME	
STREET ADDRESS	2210 SW 67TH TERRACE		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023		3.4 CITY-ST-ZIP	
TITLE	TD	☐ DELETE	4.1 TITLE	☐ Change ☐ Add
NAME	ALVAREZ, ELISA		4.2 NAME	
STREET ADDRESS	10325 NW 8TH ST.		4.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33026		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Add
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Add
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	KE
CITY-ST-ZIP			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 informatio 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, with all other like empowered.

SIGNATURE: [redacted] REQUIRED 4-16-99 954-961245