

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--------------------------------------	---	--

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 JUN -2 AM 8:15

DOCUMENT # N94000002957 (8)

1. Corporation Name

AMERICAN-COLOMBIAN INTERNATIONAL PARTNERS, INC.

Principal Place of Business P.O. BOX 431583 S. MIAMI FL 33243-1583	Mailing Address P.O. BOX 431583 S. MIAMI FL 33243-1583
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 06/14/1994	3a. Date of Last Report np
4. FEI Number EIN # 65-0521666	Applied For Not Applicable
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. Nonprofit with IRS 501(c)(3) <input checked="" type="checkbox"/>	\$68.75 Supplemental Tax Exempt Status Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent

SONSUEGRA, MARIA E
155 S. MIAMI AVE., PH 1
MIAMI FL 33130

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83. City
84. State FL
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	FOX, FLORENCE	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	800 S. ALHAMBRA CIRCLE	12 NAME	
STREET ADDRESS	CORAL GABLES FL 33146	13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	EDUCADOR, HERMAN	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	12301 S.W. 99 ST.	22 NAME	
STREET ADDRESS	MIAMI FL 33186	23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	BALABAN, LARRY	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	290 174TH STREET	32 NAME	
STREET ADDRESS	MIAMI BEACH FL 33160	33 STREET ADDRESS	
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	LINERO, A.R. JR.	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P.O. BOX 597 N/A	42 NAME	
STREET ADDRESS	CORAL GABLES FL 33114	43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	ROMANO, GINA	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10961 S.W. 74TH STREET	52 NAME	
STREET ADDRESS	MIAMI FL 33173	53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	EHRlich, ANGELA	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5944 S.W. 64TH PLACE	62 NAME	
STREET ADDRESS	MIAMI FL 33143	63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Florence Fox* Date: **6/25/95** (305) 661-4455