

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Moynihan</b> - Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000006486 (2)**  
1. Corporation Name  
**COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.**



Principal Place of Business <b>12205 SW 71 CT. MIAMI FL 33156</b>	Mailing Address <b>12205 SW 71 CT. MIAMI FL 33156</b>
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3. Date Incorporated or Qualified  
**12/20/1996**

4. FEI Number  
**65-0716556**

Applied For	
Not Applicable	

2. Principal Place of Business <b>21 290 ARAGON AVE</b>	2a. Mailing Address <b>26 290 ARAGON AVE</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
23 City & State <b>Coral Gables, Florida</b>	28 City & State <b>Coral Gables, Florida</b>
24 Zip <b>33134</b>	25 Country <b>Dade</b>
29 Zip <b>33134</b>	30 Country <b>Dade</b>

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**CABRERA, CARLOS A  
12205 SW 71 CT.  
MIAMI FL 33156**

10. Name and Address of New Registered Agent

81 Name <b>ENRIQUE SUAREZ</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>290 ARAGON AV.</b>
83
84 City <b>Coral Gables, FL</b>
85 Zip Code <b>33134</b>

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: *Enrique Suarez* DATE: **04/20/98**

12. OFFICERS AND DIRECTORS

TITLE <b>D</b>	NAME <b>ARANGO, YEZID</b>	STREET ADDRESS <b>2101 S. OCEAN DR. #706</b>	CITY-ST-ZIP <b>HOLLYWOOD FL 33019</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>CABRERA, CARLOS A</b>	STREET ADDRESS <b>12205 SW 71 CT.</b>	CITY-ST-ZIP <b>MIAMI FL 33156</b>	<input type="checkbox"/> DELETE
TITLE <b>D</b>	NAME <b>VANEGAS, MAITE</b>	STREET ADDRESS <b>415 GIRALDA AVE.</b>	CITY-ST-ZIP <b>CORAL GABLES FL 33134</b>	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE <b>D.</b>	1.2 NAME <b>ENRIQUE SUAREZ</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.3 STREET ADDRESS <b>12359 SW 132 CT</b>	1.4 CITY-ST-ZIP <b>Miami, FL 33186</b>	
2.1 TITLE <b>D.</b>	2.2 NAME <b>CARLOS CABRERA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.3 STREET ADDRESS <b>12205 SW 71 CT Pinecrest</b>	2.4 CITY-ST-ZIP <b>MIAMI, FL 33156</b>	
3.1 TITLE <b>D.</b>	3.2 NAME <b>JAYMYN PARKAN</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.3 STREET ADDRESS <b>8241 SW 32 TR</b>	3.4 CITY-ST-ZIP <b>Miami, FL 33155</b>	
4.1 TITLE <b>K.</b>	4.2 NAME <b>GABRIEL NEIRA</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.3 STREET ADDRESS <b>12420 SW 1 Stcd</b>	4.4 CITY-ST-ZIP <b>Coral Springs, FL 33071</b>	
5.1 TITLE <b>K.</b>	5.2 NAME <b>MAHILLA JAIME</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.3 STREET ADDRESS <b>290 ARAGON AVE</b>	5.4 CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	
6.1 TITLE <b>K.</b>	6.2 NAME <b>CARVAJAL ITALO</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.3 STREET ADDRESS <b>290 ARAGON AVE</b>	6.4 CITY-ST-ZIP <b>CORAL GABLES, FL 33134</b>	

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: *Enrique Suarez* DATE: **04/23/98** (305) 569900

CR2E037 (10/97)