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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N96000006486

1. Corporation Name
COLOMBIAN AMERICAN COALITION OF FLORIDA, INC.

Principal Place of Business Mailing Address
 290 ARAGON AVENUE 290 ARAGON AVENUE
 CORAL GABLES FL 33134 CORAL GABLES FL 33134
 US US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/20/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0716556	
City & State		City & State		5. Certificate of Status Desired	
23		28		<input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
Zip Country		Zip Country		6. Election Campaign Financing Trust Fund Contribution	
24 25		29 30		<input checked="" type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
SUAREZ, ENRIQUE 290 ARAGON AVENUE CORAL GABLES FL 33134				81 Name			
				CABRERA, CARLOS A.			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				12205 S.W. 71 Court			
83				84 City			
				MIAMI			
				FL			
				85 Zip Code			
				33156			

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: *[Signature]* DATE: 2/11/99

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, ENRIQUE	1.2 NAME	CABRERA, CARLOS A.
STREET ADDRESS	12359 S W 132ND CT	1.3 STREET ADDRESS	12205 S.W. 71 Court
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	MIAMI FL 33156-5449
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	VP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, CARLOS	2.2 NAME	SUAREZ, ENRIQUE
STREET ADDRESS	12205 S W 71ST CT	2.3 STREET ADDRESS	12359 S.W. 132 Court
CITY-ST-ZIP	MIAMI FL 33156	2.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TARKAN, YAJMYN	3.2 NAME	CARVAJAL, ITALO
STREET ADDRESS	8241 S W 32ND TERRACE	3.3 STREET ADDRESS	280 ARAGON AVENUE
CITY-ST-ZIP	MIAMI FL 33155	3.4 CITY-ST-ZIP	CORAL GABLES FL 33134
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEIRA, GABRIEL	4.2 NAME	BONILLA, ANGELA
STREET ADDRESS	12420 S W 1ST ST RD	4.3 STREET ADDRESS	4301 COLLINS AVENUE # 405
CITY-ST-ZIP	CORAL SPRINGS FL 33071	4.4 CITY-ST-ZIP	MIAMI BEACH FL 33140
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANTILLA, JAIME	5.2 NAME	NEIRA, GABRIEL
STREET ADDRESS	290 ARAGON AVENUE	5.3 STREET ADDRESS	12420 S.W. 1st. ST RD
CITY-ST-ZIP	CORAL GABLES FL 33134	5.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33071
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ITALO, CARVAJAL	6.2 NAME	BEJARANO, MIGUEL
STREET ADDRESS	290 ARAGON AVENUE	6.3 STREET ADDRESS	1000 Ponce de Leon
CITY-ST-ZIP	CORAL GABLES FL 33134	6.4 CITY-ST-ZIP	Coral Gables, FL 33134

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, with all other like empowered.

SIGNATURE: *[Signature]* DATE: 2/11/99 305-665-7278

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E037 (11/98)