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Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION
 ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P09440 (9)
 1. Corporation Name
COLOMBINA CANDY COMPANY, INC.



Principal Place of Business Mailing Address
8520 NW 56 ST. MIAMI FL 33166 **8520 NW 56 ST. MIAMI FL 33166-3329**

3. Date Incorporated or Qualified **03/18/1986** 3a. Date of Last Report **04/25/1996**

21. Principal Place of Business	2a. Mailing Address	4. FEI Number 13-2575087	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. # etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	29. Zip	30. Country	30. Country
25. Country	25. Country	30. Country	30. Country

9. Name and Address of Current Registered Agent
PENINSULA REGISTERED AGENTS, INC.
200 SE FIRST STREET
MIAMI FL 33131

10. Name and Address of New Registered Agent

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

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PD TOVAR, JACOBO	1.2 NAME	
STREET ADDRESS	CRA LA NO. 24-56	1.3 STREET ADDRESS	
CITY - ST - ZIP	CALI, COLOMBIA	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	V ASENDORF, GUNTER	2.2 NAME	
STREET ADDRESS	CRA LA NO. 24-56	2.3 STREET ADDRESS	
CITY - ST - ZIP	CALI, COLOMBIA	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST ARENAS, JOSE MANUEL	3.2 NAME	
STREET ADDRESS	CRA LA NO. 24-56	3.3 STREET ADDRESS	
CITY - ST - ZIP	CALI, COLOMBIA	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D MANRIQUE, ARIOSTO	4.2 NAME	
STREET ADDRESS	CRA LA NO. 24-56	4.3 STREET ADDRESS	
CITY - ST - ZIP	CALI, COLOMBIA	4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP LYTLE, RICHARD	5.2 NAME	
STREET ADDRESS	1677 ELK BLVD	5.3 STREET ADDRESS	
CITY - ST - ZIP	CHICAGO IL	5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Jacobo Tovar* **JACOBO TOVAR** 1/14/97 (305) 477-5222
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)