

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**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: **8520 NW 56 ST. MIAMI FL 33166**  
Mailing Address: **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 <b>13-2575087</b>	Applied For <input type="checkbox"/> Not Applicable
22. Suite, Apt. #, etc.	27. Suite, Apt. # etc.	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Zip	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>PENINSULA REGISTERED AGENTS, INC. 200 SE FIRST STREET MIAMI FL 33131</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	85. Zip Code	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

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

CR2E034 (9/96)