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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000010477 (6)

THE COLLADO GROUP, INC.

## **FILED** Apr 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					
2222 PONCE	DE LEON	2222 PONCE DE LEON			·
STE 503 CORAL GABLES FL 33134			STE 503 CORAL GABLES FL 33134		DO NOT WRITE IN THIS SPACE
US		US			3. Date Incorporated or Qualified
					02/11/1993
	lace of Business	2a. Mailing Address			4. FEI Number Applied For
21		26	-+		65-0386257 Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired S8.75 Additional Fee Regulred
22 City & State			City & State		
23		<b>⊢</b>	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation owes or has paid the current year Intangible
24	25	29	30		Personal Property Tax due June 30. Yes No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
	LLADO, RAMON J		j	Name 1	Anon d. Collaps
)	28 TAMIAMI TRAIL >		ľ	BZ Street Ago	press (P.O. Box Number is Not Acceptable)
	STH ST -		1	<u>  222°</u>	2 Parce de Lew # 503
MIX	MI.EL 33144			03	
- K <sup>1</sup> - 1				B4 City	AL CAMES FL 85 Zip Code
11 Pursuant	to the provisions of Sections 607.05	502 and 607 1508 Florida Statu	ites the ah		
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. Fam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typod or printed name of registered as	gert and title if applicable (NO	IT Registered	Agent signature requ	uired when reinstating) DATE
12.	OFFICERS AI	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TIT	.E	☐ Change ☐ Addition
NAME	COLLADO, RAMON		1.2 NAI	NE	
STREET ADDRESS	6251 S.W. 42ND STREET		1.3 STF	EET ADDRESS	
CITY-\$T-ZIP	MIAMI FL 33155	T DELETE		Y-ST-ZIP	T OLAND
TITLE		☐ DELETE	2.1 TIT		Change Addition
NAME OTROTT ADDRESS			2.2 NAI		
STREET ADDRESS CATY-ST-ZIP				Y-ST-ZIP	
TITLE	-	DELETE	31111		Change Addition
NAME			3.2 NAI	1	
STREET ADDRESS			3.3 STF	EET ADDRESS	
CITY-ST-ZIP			3.4. Cf1	Y-ST-ZIP	
TITLE		DELETE	4.1 TIT	.E	☐ Change ☐ Addition
NAME .			4. 2 NA	ME	
STREET ADDRESS			4.3 STF	EET ADDRESS	,
CITY-ST-ZIP				Y-ST-ZIP	
TITLE		L_] DELETE	5.1 TiTi	<b>.</b>	Change Addition
NAME			5.2 NA		
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 C/T 6.1 T/T/	Y-ST-ZIP	Change Addition
NAME			6.2 NA		□ Orange □ Addition
STREET ADDRESS				EET ADDRESS	
CITY-ST-ZIP				Y-ST-ZIP	
14. I hereby o	certify that the information supplied	with this filing does not qualify	for the exer	nption 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 of the receiver or pustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in					
officer or director of the corporation of the receiver or bustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if challeged, or on an attachment with an address.					