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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P93000010477**1. Corporation Name

THE COLLADO GROUP, INC.

FILED Feb 08, 1999 8:00am **Secretary of State**

02-08-1999 90061 010 ***150.00



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Principal Plac	e of Business	Mailing Address) INDIANA ISB INTERNITION OF INCOME.	E BOUCH BOING SIDIN NOBIU OLDIF INDEN (1881 (1881)	
2222 PONCE DE LEON 2 2222 PONCE DE LEON STE 503 STE 503 CORAL GABLES FL 33134 CORAL GABLES FL 33134						
			DO NOT WRIT	DO NOT WRITE IN THIS SPACE		
US		US		3. Date Incorporated or Qualifed		
	4			02/11/1993		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	9
21		26		65-0386257	Not Applicable	
Suite, Apt.	#; etc:	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	ľ
City & Stat	te	City & State		6. Election Campaign Financing	□ \$5.00 May Be	
23		28		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip .	Country	8. This corporation owes the curre	nt year Intangible	ĺ
24	25	29 3	30	Personal Property Tax.	⊟Yes □No	
•	 9. Name and Address of Current 			10. Name and Address of New Re	gistered Agent	
		But 1920 is t	81 Name		* *	ĺ
	LADO, RAMON J		82 Street A	ddress (P.O. Box Number is Not Acceptate	ie)	ĺ
	PONCE DE LEON #503			* * * * * * * * * * * * * * * * * * * *		1
	8TH ST		83			ĺ
COF	RAL GABLES FL 33134		84 City		85 Zip Code	1
				•	FL ' '	!
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statutes of Florida, Such change was aut	s, the above-named c	corporation submits this statement for the pration's board of directors. I hereby accept	urpose of changing its registered the appointment as registered	
office or r agent: I a SIGNATURE	registered agent, or both, in the State in familiar with, and accept the obligation of the state of registered age	of Florida. Such change was autitions of, Section 607.0505, Florid	thorized by the corpor	ration's board of directors. I hereby accept	the appointment as registered	
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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 607. 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: