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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



DOCUMENT # P9300072096

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90148 002 ***150.00

COLONA	DE INVESTMENT, INC.														
Principal Place	e of Business	Mailing Address							BI IND HEAD					1000 000 1001	
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	9. Name and Address of Current	Registered Agent		81	Name		iv. ivai	ile and	Audies	3 01 1461	n (vegiste	er eu A	gent		†
EREL	DSTONE, RONALD R			"	Mairie										
	S. BISCAYNE BLVD., STE. 2100			82	Street A	Address	(P.O. E	Box Nu	nber is !	Not Acce	ptable)			_	
	Al FL 33131														-
MIM	AI FL 33131			83											
				84	City								85 Zip	Code	-
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office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State o m familiar with, and accept the obligation	f Florida. Such change was a	uthorized	d by th	named o e corpo	corpora ration's	tion sub board	mits th of direc	is staten tors. I he	nent for t ereby ac	he purpos cept the a	se of c appoint	hanging its ment as re	s registered egistered	
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable (NOTE	: Registered	Agent s	ignature re	guired wh	en reinstat	ínaí			DAT	rE			1
12.	OFFICERS AND		13.			-	ADDI	TIONS	/CHANG	ES TO	OFFICER	SAND	DIRECTO	ORS IN 12	CR2E034 (11/98)
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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 ap attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #