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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000081206 (3)

COLUMBIA IMPEX CORP.

**FILED** May 04 1998 8:00am Secretary of State



Delegate at Dia	as of Dusiness	Maritime Autologica			FOLOR FREIN ALBER MALLA OFFI 1901
•	ce of Business	Mailing Address		ţ	
		P O BOX 694281 Miami Fl 33269-1281			
MINSMITE O	01090112	US		DO NOT WRITE IN TH	IS SPACE
				3. Date Incorporated or Qualified 11/17/1993	
2. Principal	Place of Business	2a. Mailing Address	···	4. FEI Number	Applied For
21		26		65-0439016	Not Applicable
Suite, Apt	t. #, <b>et</b> c.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		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 or has paid the	current year Intangible
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Cur			10. Name and Address of New Registers	ed Agent
	ENNETT, ARMAUDS: ARM		81 Name	ARMAND S. BENNET	TT
	851 NW 183 STREET APT 1906	3	82 Street	Address (P.O. Box Number is Not Acceptable) —	2.5.00
20711 TEOOR				2851 NW 183 316	(tt)
A	VENTURA FL 33160		83	APT # 1906	
			84 City		85 Zip Code
				AVENTURA F	L 33160
office or <b>ag</b> ent. I	registered agent, or both, in the Standard amiliar with, and account to be	ale of Florida Such change was a digations of, Section 607.0505, Fl	authorized by the corp orida Statutes.	corporation submits this statement for the purpose poration's board of directors. I hereby accept the a	appointment as registered
SIGNATURE	X (CAXA)	an. H	L : Registered Agent signature	7//0	198
12.	OFFICE HS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12
TITLE	P	DELETÉ	1.1 TITLE	President	Change Addition
NAME	BENNETT, ARMAND S.		1.2 NAME	Armand S. Bennett 2851 N.E. 183 STY AVENTURA FL 331	1
STREET ADDRESS	2851 NE 183 ST #1906	_ ,	1.3 STREET ADDRESS	2851 N.E. 183 STr	eet # 1906
CITY-ST-ZIP	AVENTRUA FL AVE	UTURA, FL	1.4 CITY-ST-ZIP	AVENTURA FL 331	
TITLE		DELETE	21 TITLE	•	Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP	<u> </u>		2. 4 CITY - ST - ZIP		
TITLE		DELETE	3,1 T(TL€		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4,1 TITLE		☐ Change ☐ Addition
NAME			4, 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		<u></u>
TITLE		DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		•
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			E 4 017 V 07 310		
TITLE			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		DELETE			Change Addition
NAME		DELETE	6.1 TITLE 6.2 NAME		Change Addition
		[] DELETE	6.1 TITLE		Change Addition

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 suppliemental 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 trusted 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.