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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000030033 (2)

COLOMBIA TRADING INCORPORATED

Principal Place of Business	Mailing Address
510 5TH TERRACE	510 STH TERRACE
PALM BEACH GARDENS FL 33418	PALM BEACH GARDENS FL 33418-3604

FILED May 01 1997 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address		<u> </u>				
510 5TH TERRACE 510 STH TERRACE PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418-3604								
					3. Date incorporated or Qualified 04/20/1994		te of Last F 12/1996	leport
	Place of Business	2a. Mailing Address			4. FEI Number			pplied For
21		26			65-0494529			ot Applicable
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		Fee R	Additional equired
City & Stat	to	City & State			Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zip	Country	Zip	Count	ry .	8. This corporation has liability for			s. 199.032,
24	25	29	30			Yes		
ļ	g. Name and Address of Curr	ent Registered Agent	8	1 Name	10. Name and Address of New Re	distelet i	(gent	
	UMMOND, GLEN R		°	Name				
510 5TH TERRACE PALM BEACH GARDENS FL 33418		6		fress (P.O. Box Number is Not Acceptable)				
			8	3				
			8	4 City		177 i	85 Zip	Code
				<u> </u>		FL		
SIGNATURE	Signarize typed or printed name of registured	agent and title if applicable (N	IOTE Registered A		poration submits this statement for the pation's board of directors. I hereby acception when reinstating)	DATE		
12.	·	ND DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFFICE	JERS AND	Change	RS IN 12 Addition
TITLE	D DOUBLE ON D OF THE D	L'I DETEIL	1.1 TITLE	i i			TT rusuite	L.J Adultion
NAME	DRUMMOND, GLEN R 510 5TH TERRACE		1.2 NAMI					
STREET ADDRESS	PALM BEACH GARDENS FL	22410		ET ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	1.4 CITY 2.1 TITLE				Change	Addition
NAME	JUSKA, ROBERT H JR.	<u> </u>	2.2 NAM	1				
STREET ADDRESS				ET ADDRESS	•	***		
CITY-ST-ZIP	WEST PALM BEACH FL 334	109	2. 4 CITY					
TITLE	11201111201011112	DELETE	3.1 TITLE				Change	Addition
NAMÉ			3.2 NAMI					
STREET ADDRESS			3.3 STRE	ET ADDRESS				
CHTY-ST-ZIP			3.4. CITY	-ST-ZIP				
TITLE		DELETE	4.1 TITLE				Change	Addition
NAME			4 2 NAM	E [
STREET ADDRESS			4.3 STRE	et address				
CITY+ST-ZIP			4.4 CITY	ST-ZIP				
THLE		☐ DELETE	5.1 THTLE				Change	Addition
NAME			5.2 NAM	:				
STREET ADDRESS			5.3 STRE	FT ADDRESS				
CITY - ST - ZIP			5.4 CITY	ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE				☐ Change	Addition
NAME			6.2 NAM	:				
STREET ADDRESS			6.3 STRE	ET ADDRESS				
 CITY_ST.7IP			64 CITY	ST. 7IP				

14. To 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.

GLEN. DRUM MOND. 422-97 Dayline Phone