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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000087178 (7)

EL COLMENAR, INC.

Principal Place of Business Mailing Address 4905 SO. DIXIE HIGHWAY WEST PALM BEACH FL 33405 WEST PALM BEACH FL 33405-2926				<u> </u>		
					3. Date incorporated or Qualified 11/17/1994	3a. Date of Last Report 04/30/1996
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number 65-0533817	Applied For Not Applicable
Suite, Apt #, etc. Suite, Apt #, etc. 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	3	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Ζφ <b>24</b>	Country 25	Zip 29	9 30			Yes No
	9. Name and Address of Current	Registered Agent	61		10. Name and Address of New R	eglatered Agent
SILVER, CARLOS C 4905 SO. DIXIE HIGHWAY WEST PALM BEACH FL 33405				Name Street Addi	ress (P.O. Box Number is Not Accepta	RE Zin Code
agent. Far SIGNATURE	to the provisions of Sections 607,0502 egistered agent, or both, in the State or familiar with, and accept the obligations of registered agents.	lions of, Section 607.0505, F	utes, the above authorized be lorida Statute	e-named corp y the corporal s.	poration submits this statement for the lion's board of directors. I hereby acce	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12
TIPLE	D	DELETE	1.1 TITLE			Change Addition
NAME	GONZALEZ, CAROLINA		1.2 NAME			
STHEET ADDRESS	4905 SO. DIXIE HIGHWAY		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 33405		1.4 CITY -	ST-ZIP		
THE	D	DELETE	2.1 TITLE			Change Addition
NAME	SILVER, CARLOS C		2.2 NAME			
STHEFT ADDRESS	4905 SO. DIXIE HIGHWAY		2.3 STREE	T ADDRESS		1
CHY-ST-ZIP	WEST PALM BEACH FL 33405		2. 4 CITY -	ST-ZIP		:
TiTLE		DELETE	3.1 TITLE			Change Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREE	T ADDRESS		
City-St-ZiP			3.4. CiTY-	ST-ZIP		
E.TLE	· · · · · · · · · · · · · · · · · · ·	DELETE	4.1 TIFLE			Change Addition
NAME			4 2 NAME			
STREET AUDRESS			4.3 STREF	T ADDRESS		
0(!Y+\$1+Zi₽			4.4 CITY-	ST-ZIP		
DUCE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
CITY - ST - ZIF			5.4 CITY-	ST-ZIP		
lifeE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREE	T ADORESS		·
C(TY - S1 - 7(P)			6.4 CITY-	ST-ZIP		

14. I do 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 suppliernental 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 of 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 changes or on an attachment with an address.

SIGNATURE:

WIDE AND TYPED OR PRINTED NAME OF EXAMING OFFICE AND TYPED OR PRINTED NAME OF EXAMING OFFICE OR DIRECTOR

R2E034 (9/96)

**FILED** 

Apr 24 1997 8:00am

Secretary of State