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

PROFIT CORPORATION ANNUAL REPORT

**1998** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400087178 (7)

EL COLMENAR, INC.

## FILED Apr 20 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address				E KO DESPUBLIKAD II	EANY MITHUR ARIAN MANIN			
4905 SO. DIX		4905 SO. DIXIE HIGHWAY								
WEST PALM BEACH FL 33405		WEST PALM BEACH FL 33405								
					<u> </u>	<u> </u>	DO NOT WRI		SPACE	
					3. 1	11/17/199	ated or Qualified			
2. Principal Pl	ace of Business	26. Mailing Address	/•	. 7.	4. F	El Number				Applied For
		26 1336 S. Mi	UTARY	124	14	65-05338	317			Not Applicable
Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.  Suite, Apt. #, etc.						5. Certificate of Status Desired Sequired Fee Required				
City & State	ST PALY BEACHE	City & State  28 WEST PALM	BEA	CH FO	, t	Election Camp Frust Fund Co	aign Financing			00 May Be ed to Fees
Zip 24 <b>334</b> /	5 Country BEACH	Zip 29 334/5	30 /A(	M BEA			on owes or has erty Tax due Ju		urrent year	Intangible
	g. Name and Address of Current F	Registered Agent	'. <u></u>				dress of New I		I Agent	
	VER, CARLOS C		8	1 Name						
4905 SO. DIXIE HIGHWAY				2 Stroot	t Address (P.O. Roy Number is Not Aggestable)					
WEST PALM BEACH FL 33405			ľ	82 Street Address (P.O. Box Number is Not Acceptable)						
			8	3						
			8	4 City					85 Z	p Code
				1				FL	_	•
11. Pursuant to office or re	o the provisions of Sections 607.0502 a egistered agent, or both, in the State of	and 607.1508, Florida <b>Stat</b> uk Florida, Such change was a	es, the abc authorized i	ve-named by the corp	corporation oration's bo	submits this s ard of director	tatement for the	purpose o	of changing	g its registered
agent. I ar	n f <b>am</b> iliar with, and accept the obligation	ons of, Section 607.0505, Fid	orida Statut	es.			,		P	au rogiotoroo
SIGNATURE	Signiture, typed or printed name of registered agent a	Total Control of the								
12.	OFFICERS AND D		13.	gont signature	required when re A r		ANGES TO OFF	DATE	D DIRECTO	ODC IN 10
TITLE	D	DELETE	1.1 TITLE		75	JUITONO/OFF	ANGES TO OFF	TOENS AIN	Chang	
NAME	<b>GONZALEZ</b> , CAROLINA		1.2 NAM		COUR	dez. c	AROUN	A		- <u>-</u> -
STREET ADDRESS	4905 SO. DIXIE HIGHWAY			ET ADDRESS	1386	5. 4	11611740	ey T	RAIL	#
CITY-ST-ZIP	WEST PALM BEACH FL 33405		1.4 CITY		WES	T PAL	N BEA	164	FL 3	3415
TITLE	D .	☐ DELETE	2.1 TITLE		D				M Change	e Addition
NAME	<b>SIL</b> VER, CARLOS C		2.2 NAMI		514	VER C	CARLOS	C		ada Pi
STREET ADDRESS	4905 SO. DIXIE HIGHWAY		2.3 STRE	ET ADDRESS	1334	5. ^	116154	By 7	ピイノム	#
CITY-ST-ZIP	WEST PALM BEACH FL 33405		2.4 CITY	-ST-ZIP	WES	T PAL	M BEA	ex, 7	FC 3	3415
TITLE		☐ OFLETE	3.1 TITLE						Change	Addition
NAME			3.2 NAM							
STREET ADDRESS			3.3 STREE	ET ADDRESS						
CITY-ST-ZIP			3.4. CITY	- ST- ZIP						
TITLE		☐ DELETE	4.1 TITLE				.,	***************************************	Change	Addition
NAME			4. 2 NAM	E						
STREET ADDRESS			4.3 STREE	ET ADDRESS						
CITY-ST-ZIP			4.4 CITY-	ST-ZIP						
TITLE		☐ DELETE	5.1 TITLE						Change	Addition
NAME			5.2 NAME	[						
STREET ADDRESS			5.3 STREE	et address						
CITY-ST-ZIP	<u></u>		5.4 CITY-	ST - ZIP						
TITLE		DELETE	6.1 TITLE						Change	Addition
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREE	T ADDRESS						
CITY-ST-ZIP		·	6.4 CITY -							
14. I hereby ce	ertify that the information supplied with	this filing does not qualify fo	r the exem	ption stated	I in Section	119.07(3)(i), F	lorida Statutes.	I further co	ertify that th	ne information

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 repriver 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 additional with a address.

SIGNATURE X ONOLUIA, Persola

2-10-00 (54) 964-850)