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01/08/98

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P95000038779

1. Corporation Name  
COLIBRI INVESTMENT OF MIAMI, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
145 MADEIRA AVE  
SUITE 208  
CORAL GABLES FL 33134  
US

Mailing Address  
P.O. BOX 145280  
CORAL GABLES FL 33114-5280

3. Date Incorporated or Qualified  
05/16/1995

2. Principal Place of Business

2a. Mailing Address

4. FEI Number  
65-0636524

Applied For  
 Yes  
 Not Applicable

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State

27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip

28 Zip

8. This corporation owes the current year intangible Personal Property Tax.  Yes  No

24 Country

29 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MARTINEZ, HUGO  
5505 N.W. 7TH STREET  
APT. W115  
MIAMI FL 33126

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
3661 SW 18 TERR  
83  
84 City MIAMI FL 85 Zip Code 33145

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Hugo Martinez* - HUGO MARTINEZ - PRESIDENT 01-20-99  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D  DELETE  
NAME MARTINEZ, HUGO  
STREET ADDRESS P.O. BOX 144522 N/A  
CITY-ST-ZIP CORAL GABLES FL 33114-4522

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS 3661 SW 18 TERR  
1.4 CITY-ST-ZIP MIAMI, FL 33145

TITLE D  DELETE  
NAME MARTINEZ, OSWALDO  
STREET ADDRESS P.O. BOX 144522 N/A  
CITY-ST-ZIP CORAL GABLES FL 33114-4522

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE  DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE  Change  Addition  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 an attachment with an address, with all other like empowered.

SIGNATURE: *Hugo Martinez* - HUGO MARTINEZ 01-20-99 305-4479411  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/98)