

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

FILED
Apr 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063016 (6)

1. Corporation Name
COLODOMI CORPORATION

Principal Place of Business
380 N. ST. RD. 7
LAND LAKES FL 33319
US

Mailing Address
6000 N. STATE ROAD 7
LAUDERDALE LAKES FL 33319-5608

3. Date Incorporated or Qualified 08/15/1995	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0602249	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Insurance 3890 N. ST. RD. 7 Suite, Apt. #, etc. 22 City & State 23 LAUD. LAKES Zip 24 33319 Country 25	2a. Mailing Address 26 3890 N. ST. RD. 7 Suite, Apt. #, etc. 27 LAUD. LAKES FL 33319 City & State 28 LAUD. LAKES Zip 29 33319 Country 30
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9. Name and Address of Current Registered Agent
OZZIE URNEA URENA
638 NW 13TH ST. #27
BOCA RATON FL 33319
6719 N.W. 81 CT.
YARLAND FL 33067

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

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  PRESIDENT AND AGENT
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)
DATE 4-9-97

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	URENA, OZZIE
STREET ADDRESS	638 N.W. 13TH STREET
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	HERNANDEZ, AQUILEO
STREET ADDRESS	301 S.W. 66TH STREET #201
CITY-ST-ZIP	PEMBROKE PINES FL 33025
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	6719 NW. 81 CT.
1.3 STREET ADDRESS	YARLAND FL 33067
1.4 CITY-ST-ZIP	
2.1 TITLE	VICEPRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	JUANA SOJA
2.3 STREET ADDRESS	362 SW. 66 ST. #201
2.4 CITY-ST-ZIP	PEMBROKE PINES FL 33025
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DAVISI URENA
3.3 STREET ADDRESS	6719 NW. 81 CT.
3.4 CITY-ST-ZIP	YARLAND FL 33067 SECRETARY
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 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

SIGNATURE:  4-9-97 (954) 735-7743
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)