FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000076810 (7)**

1. Corporation Name

THE COLOMBIAN-AMERICAN DEVELOPMENT CORPORATION

Principal Place of Business	Mailing Address
510 WEST BAY DRIVE LARGO FL 33640	510 WEST BAY DRIVE LARGO FL 33640

3. Date Incorporated or Qualified: **10/06/1995**

3a. Date of Last Report:

2. Principal Place of Business
21:
Suite, Apt. #, etc.
22:
City & State
Zip 24: Country 25:

2a. Mailing Address
26:
Suite, Apt. #, etc.
27:
City & State
28:
Zip 29: Country 30:

4. FEI Number: 59-3361838 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200 - A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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: (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	11 TITLE	☐ Change ☑ Addition
NAME	BALLESTAS, ENRIQUE		12 NAME	CESAR T. TRISTANCHO
STREET ADDRESS	3165 SPOONHILL CT.		13 STREET ADDRESS	950 SOUTHERN PINE CT NE
CITY-ST-ZIP	CLEARWATER FL 34622		14 CITY-ST-ZIP	ST. PETERSBURG, FL 33703
TITLE	D	☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	FIGUEROA, WILLIAM		22 NAME	
STREET ADDRESS	8931 EASTMAN DR.		23 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33626		24 CITY-ST-ZIP	
TITLE	D	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, ROBERTO		32 NAME	
STREET ADDRESS	8508 RENALD BLVD.		33 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33637		34 CITY-ST-ZIP	
TITLE	D	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME	SUAREZ, GUILLERMO		42 NAME	
STREET ADDRESS	1801 W. LOUISIANA AVE.		43 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33603		44 CITY-ST-ZIP	
TITLE	D	☑ DELETE	51 TITLE	☐ Change ☐ Addition
NAME	DURAN, RAMON		52 NAME	
STREET ADDRESS	4215 BRUTON ROAD		53 STREET ADDRESS	
CITY-ST-ZIP	PLANT CITY FL 33565		54 CITY-ST-ZIP	
TITLE	D	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME	PEREZ, CHRIS		62 NAME	
STREET ADDRESS	8054 DEERWOOD CR.		63 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33610		64 CITY-ST-ZIP	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: William Figueroa 7-30-96 813-920-0375

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #