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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary : State DIVISION OF CORPORATIONS

1997

14. Loo hereby certify that the information indicated of this

Lam an officer or directe appears in Block 12 or I

SIGNATURE:

DOCUMENT # P96000064470 (3)

CRYSTAL COLONY DEVELOPMENT CORP.

Mailing Address Principal Place of Business 9901 S.W. 145TTH TERRACE 9901 S.W. 145TTH TERRACE MIAMI FL 33176 MIAMI FL 33176 3. Date Incorporated or Qualified 3a. Date of Last Report FIRST Reform 08/01/1996 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Zφ Country Ζıp Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No.

10. Name and Address of New Registered Agent 24 25 29 30 9. Name and Address of Current Registered Agent 81 Name GARCIA, HECTOR 9901 S.W. 1/5TTH TERRACE 82 Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 36/176 83 City 84 Zip Code ctions 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered of the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered cept the obligations of, Section 607 0505, Florida Statutes. 11. Parsuant to the office or regist agent Lanufai SIGNATURE of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 FICERS AND DIRECTORS (96/6)13. Change DELETE 1.1 TITLE Addition TITLE GARCIA, Hector GARCIA, HECTOR 1.2 NAME CR2E034 NAMI 9901 sw 145 Terrace 9901 S.W. 145TTH TERRACE 1.3 STREET ADDRESS STREET ADDRESS miami, 71. 33176 **MIAMI FL 33176** 1.4 CITY - ST - ZIP CITY - \$1 - 707 DELETE Change **X** Addition TILE 2.1 TITLE HectorJ. Barcia 97055W UZ Street NAM 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS F1. 33165 2. 4 CITY-ST-ZIP CITY-ST ZIE DELETE Change **X** Addition THILE 3.1 TITLE andida GARCIA 3.2 NAME NAME giossw bastreet 3.3 STREET ADDRESS STREET ADDRESS 3.4. DITY-ST-ZIP CITY - S1 - 7IP DELETE Change Addition 1000 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS City - ST - 7/P 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 C/TY-ST-ZIP CHY-ST-7P DELETÉ Change Addition THE 6.1 TITLE 62 NAME NAME 6.3 STREET ADDRESS STHEEL ADDRESS 6.4 CITY-ST-ZIP C-TY - S1 - 7/P

on an attachment with an address

ATURE REQUIRED

INTEO NAME OF SIGNING OFFICER OR DIRECTOR

policy with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the

Applemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

06302

FILED

Apr 04 1997 8:00am

Secretary of State

Daytime Phone #