

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90255 029 ***17.50

03-01-1999 90255 030 ***150.00

DOCUMENT # P97000017413

1. Corporation Name
EL COLOMBIANO USA, INC.

Principal Place of Business
9572 N.W. 41 STREET
MIAMI FL 33178
US

Mailing Address
9572 N.W. 41 STREET
MIAMI FL 33178
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

65-0730585

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 owes the current year Intangible

Personal Property Tax.

☒ Yes ☐ No

2. Principal Place of Business

21 10521 S.W. 88th St

Suite, Apt. #, etc.

22

City & State

23 Miami, FL

Zip

24 33176

Country

25 USA

2a. Mailing Address

26 10521 S.W. 88th St

Suite, Apt. #, etc.

27

City & State

28 Miami, FL

Zip

29 33176

Country

30 USA

9. Name and Address of Current Registered Agent

ZENNARO, ROBERTO
9436 S.W. 145TH PLACE
MIAMI FL 33186

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 when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME ZENNARO, ROBERTO
STREET ADDRESS 9436 S.W. 145TH PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE VD ☐ DELETE

NAME MARTINEZ, EDGARDO F
STREET ADDRESS 11920 S.W. 92TH LANE
CITY-ST-ZIP MIAMI FL 33186

TITLE SD ☐ DELETE

NAME ZENNARO, YOLANDA
STREET ADDRESS 9436 S.W. 145TH PLACE
CITY-ST-ZIP MIAMI FL 33186

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE TD ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE PD ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

PD
Silvana Martinez
11920 S.W. 92nd Lane
Miami, FL 33186

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Silvana Martinez, President

Date

1-8-98

Daytime Phone #

305-267-7771

0257476

CR2E034 (11/98)