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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P97000062455 (5)

FILED Feb 18 1998 8:00am Secretary of State

COLO	NY INSURANCE, INC.			
Principal Plac	Principal Place of Business Mailing Address			TO A CONTROL AND ADDITIONAL ORDER CONTROL OF THE CO
9370 SUNSET DR., STE. A-107 9370 SUNSET DR., STE. MIAMI FL 33172 MIAMI FL 33172		A-107	DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		07/17/1997 4. FEI Number Applied For
21 26			65-077 03 14 Not Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22 27			Fee Required	
City & State City & State			6. Election Campaign Financing \$5.00 May Be	
Zip	Country	28 Zip	Country	Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible
24	25	29	30	Personal Property Tax due June 30. Yes Z No
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Registered Agent
SU	JROS, ARMANDO		81 Name	
9370 SUNSET DR., STE. A-107 MIAMI FL 33172			82 Street Addre	ess (P.O. Box Number is Not Acceptable)
			83	
			[2]	
			84 City	FL 85 Zip Code
agent. I a SIGNATURE	im familiar with, and accept the obligation of registered age		orida Statutes. E. Registered Agent algnature require	oration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered at when renstating) DATE
12.	PRESIDENT OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	MANGIQUE RAVI	∠ DELETE	1.1 TITLE] Change
NAME OTOGET ADDRESS	NAME STREET ADDRESS 10935 SU SE DV		1.2 NAME	
CITY-ST-ZIP	MIAMI R 33	165-6960	1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE	771 44.001 <u>PL</u>	DELETE	2.1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2. 4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	Change Addition
NAME Street Address			3.2 NAME 3.3 STREET ADDRESS	
CITY-ST-ZIP			3,4 CITY-ST-ZIP	
TALE		DELETE	4.1 TITLE	Change Addition
NAME			4. 2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY CT 7ID			EACITY OF 710	

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 truster an appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

98 (305) 596 9414