## 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

## DOCUMENT # P97000108001

## FILED Jun 25, 1999 8:00 am Secretary of State

06-25-1999 90009 025 \*\*\*550.00

	COLOMBIA, INC.  e of Business AVE.	Mailing Address 3026 NW 72ND AVE. MIAMI FL 33122		DO NOT WRITE IN  3. Date Incorporated or Qualifed  12/24/1997		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number 15-0802612	Applie Not Ap	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Addi	
City & Stat	te	City & State	<del></del>	6. Election Campaign Financing	\$5.00 Ma	y Be
Zip	Country	28	Country	Trust Fund Contribution     This corporation owes the current years.		
24	9. Name and Address of Curren	29 29 Agent	30	Personal Property Tax.  10. Name and Address of New Regis		
1177 FT.	CHS, JEFFREY S ESQ. 7 SE 3RD AVE. LAUDERDALE FL 33316  to the provisions of Sections 607.050 registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change was a	83 84 City tes, the above-named con	poration submits this statement for the purpion's board of directors. I hereby accept the	FL 85 Zip Cod	istere
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable (NOTI	E: Registered Agent signature require	ed when reinstating) D	ATE	_
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE		
NAME STREET ADDRESS	PD PAUL, WILLIAM 3026 NW 72ND AVE. MIAMI FL 33122	☐ DELETE	1.1 TITLE  1.2 NAME  1.3 STREET ADDRESS  1.4 CITY-ST-ZIP		☐ Change [	Ada
TITLE NAME STREET ADDRESS	VSD QUINTEIRO, NELSON 3026 NW 72ND AVE.	☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	P,5,0,T	Change [	☐ Adc
TITLE NAME STREET ADDRESS	MIAMI FL 33122 TD TAVIO, NOMAR 3026 NW 72ND AVE. MIAMI FL 33122	DELETE	2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP		Change [	Adı
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		Change [	□ Adc
TITLE NAME STREET ADDRESS		☐ DELETE	5.1 TITLE 5.2 NAME		Change [	∐ Ad∈
CITY-ST-ZIP			5.3 STREET ADDRESS 5.4 City-St-ZiP			

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 informati indicated on this anoual 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 13 if chapted, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

<u>6-23-99</u>

(305)977-867