

PROFIT
CORPORATION
ANNUAL REPORT
1998 9



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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 99800002902817

1. Corporation Name
COLOMBIA TROPICAL RESTAURANTE FAMILIAR INC.
3150 SW 8th ST.
Miami, FL 33135

2. Principal Place of Business

3. Mailing Address

3150 SW. 8th ST.
Miami, FL 33135

1501 SW 122 AVE #12
MIAMI, FL 33184

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Dissolved
10/1/98

4. FBI Number
65- 0869639

Applied For
Not Applied For

5. Conflicts of Interest Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. The Corporation Owner or has paid the current year filing fee
Florida Property Tax due June 30 ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

JUAN CARLOS OSPINA
3150 SW. 8th ST.
Miami, FL 33135

81. Name

82. Street Address (PO Box Number is Not Accepted)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0500 and 607.508, 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 for this year and accept the obligations of Section 607.5005, Florida Statutes.

SIGNATURE *Juan-C. Ospina*

04-27-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN '92

1.1 TITLE ☐ DELETE

1.1 NAME
PVST.
JUAN CARLOS OSPINA
3150 SW. 8th ST.
Miami, FL 33135

1.1 TITLE ☐ DELETE

1.1 NAME

1.1 STREET ADDRESS

1.1 CITY-STATE-ZIP

1.1 TITLE ☐ DELETE

1.1 NAME

1.1 STREET ADDRESS

1.1 CITY-STATE-ZIP

1.1 TITLE ☐ DELETE

1.1 NAME

1.1 STREET ADDRESS

1.1 CITY-STATE-ZIP

1.1 TITLE ☐ DELETE

1.1 NAME

1.1 STREET ADDRESS

1.1 CITY-STATE-ZIP

1.1 TITLE ☐ Change ☐ Addition

1.1 NAME

1.1 STREET ADDRESS

1.1 CITY-STATE-ZIP

2.1 TITLE

2.1 NAME

2.1 STREET ADDRESS

2.1 CITY-STATE-ZIP

3.1 TITLE

3.1 NAME

3.1 STREET ADDRESS

3.1 CITY-STATE-ZIP

4.1 TITLE

4.1 NAME

4.1 STREET ADDRESS

4.1 CITY-STATE-ZIP

5.1 TITLE

5.1 NAME

5.1 STREET ADDRESS

5.1 CITY-STATE-ZIP

6.1 TITLE

6.1 NAME

6.1 STREET ADDRESS

6.1 CITY-STATE-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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:

Juan-C. Ospina

04-27-99 (305) 649-7901