


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

**FILED**

**Apr 10 1997 8:00am**  
**Secretary of State**

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # S38258 (7)</b> 1. Corporation Name <b>COLOMBO HARBOR, INC.</b>		



Principal Place of Business <b>2500 HOLLYWOOD BLVD. SUITE 215 HOLLYWOOD FL 33020</b>	Mailing Address <b>2500 HOLLYWOOD BLVD. SUITE 215 HOLLYWOOD FL 33020-6615</b>
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2. Principal Place of Business 21 <b>1222 N.E. 4th Avenue</b> Suite, Apt. #, etc.		2a. Mailing Address 26 <b>1222 N.E. 4th Avenue</b> Suite, Apt. #, etc.		3. Date Incorporated or Qualified <b>03/18/1991</b>	3a. Date of Last Report <b>04/15/1996</b>
22 City & State 23 <b>Fort Lauderdale, Fl</b> Zip Country 24 <b>33304</b> 25 <b>U.S.</b>		27 City & State 28 <b>Fort Lauderdale, FL</b> Zip Country 29 <b>33304</b> 30 <b>U.S.</b>		4. FEI Number <b>65-0252842</b>	Applied For Not Applicable
9. Name and Address of Current Registered Agent <b>MARCHAND, JACQUES 70 N.E. 11TH WAY SUITE 203 DEERFIELD BEACH FL 33441</b>		10. Name and Address of New Registered Agent 81 Name <b>Marc Labossiere</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>1222 N.E. 4th Avenue</b> 83 84 City <b>Fort Lauderdale</b> <b>FL</b> 85 Zip Code <b>33304</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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: Marc Labossiere DATE: **04/01/97**

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE <b>P</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MARCHAND, JACQUES</b>		1.2 NAME <b>Jacques Marchand</b>	
STREET ADDRESS <b>709 NE 11TH WAY</b>		1.3 STREET ADDRESS <b>1222 N.E. 4th Avenue</b>	
CITY-ST-ZIP <b>DEERFIELD BEACH FL</b>		1.4 CITY-ST-ZIP <b>Fort Lauderdale, Fl 33304</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: JACQUES MARCHAND DATE: **4-1-97** DAYTIME PHONE: **954-925-7006**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)