**FILE NOW: FILING FEE AFTER MAY 1 IS $225.00**

CORPORATION ANNUAL REPORT
**1995**

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

APPROVED AND FILED

95 MAY -1 AM 11:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S69048** **(4)**

1. Corporation Name
**INTER-MARKETING COLOMBIANA, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 3760 INVERRARY DR. N3P<br>LAUDERHILL FL 33319 | 3760 INVERRARY DR. N3P<br>LAUDERHILL FL 33319 |

DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 3. Date Incorporated or Qualified: 07/24/1991 | 3a. Date of Last Report: 04/26/1994 |
| 4. FEI Number: 65-0278321 | ☐ 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 |
| 7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No | |

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 7880 N UNIVERSITY DRIVE | 26 7880 N UNIVERSITY DRIVE |
| Suite, Apt. #, etc<br>22 SUITE 100 | Suite, Apt. #, etc<br>27 SUITE 100 |
| City & State<br>23 TAMARAC, FL 33321 | City & State<br>28 TAMARAC, FL 33321 |
| Zip 24 / County 25 | Zip 29 / County 30 |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| MARULANDA S., CARLOS<br>3760 INVERRARY DRIVE N3P<br>LAUDERHILL FL 33319 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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 _____ DATE _____
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|
| TITLE | DTV | 11 TITLE | D/T/V | ☒ Change ☐ Addition |
| NAME | MARULANDA, CARLOS | 12 NAME | MARULANDA, CARLOS A. | |
| STREET ADDRESS | 3760 INVERRARY DR N3P | 13 STREET ADDRESS | 668 STANTON DRIVE | |
| CITY ST ZIP | LAUDERHILL FL | 14 CITY ST ZIP | FORT LAUDERDALE, FL 33326 | |
| TITLE | PDC | 21 TITLE | P/D/C | ☒ Change ☐ Addition |
| NAME | MARULANDA, EDGAR | 22 NAME | MARULANDA, EDGAR | |
| STREET ADDRESS | 3760 INVERRARY DR N3P | 23 STREET ADDRESS | 2684 RIVIERA COURT | |
| CITY ST ZIP | LAUDERHILL FL | 24 CITY ST ZIP | FORT LAUDERDALE, FL 33332 | |
| TITLE | DO | 31 TITLE | | ☐ Change ☒ Addition |
| NAME | MARULANDA, CESAR | 32 NAME | | |
| STREET ADDRESS | 694 STANTON DR. | 33 STREET ADDRESS | | |
| CITY ST ZIP | FT. LAUDERDALE FL | 34 CITY ST ZIP | 33326 | |
| TITLE | DV | 41 TITLE | | ☐ Change ☒ Addition |
| NAME | MARULANDA, PABLO A | 42 NAME | | |
| STREET ADDRESS | 18444 NW 9TH CT. | 43 STREET ADDRESS | | |
| CITY ST ZIP | PEMBROKE PINES FL | 44 CITY ST ZIP | 33029 | |
| TITLE | | 51 TITLE | | ☐ Change ☐ Addition |
| NAME | | 52 NAME | | |
| STREET ADDRESS | | 53 STREET ADDRESS | | |
| CITY ST ZIP | | 54 CITY ST ZIP | | |
| TITLE | | 61 TITLE | | ☐ Change ☐ Addition |
| NAME | | 62 NAME | | |
| STREET ADDRESS | | 63 STREET ADDRESS | | |
| CITY ST ZIP | | 64 CITY ST ZIP | | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:** _____ CARLOS A. MARULANDA 4-17-95 (305)722-2837
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0220150 CP