


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

FILED

May 14 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S69048 (4) 1. Corporation Name INTER-MARKETING COLOMBIANA, INC.			
Principal Place of Business 500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394 US		Mailing Address 500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394-3085 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 920 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 920 27 City & State 28 Zip Country 29	
3. Date Incorporated or Qualified 07/24/1991		3a. Date of Last Report 05/01/1996	
4. FEI Number 65-0278321		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent MARULANDA A. CARLOS 500 E. BROWARD BLVD. SUITE 1100 FT. LAUDERDALE FL 33394		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 920 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 4-28-97 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 DOV NAME MARULANDA, CARLOS A STREET ADDRESS 688 STANTON DRIVE CITY-ST-ZIP FORT LAUDERDALE FL	<input type="checkbox"/> DELETE	1.1 TITLE DO 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DO NAME MARULANDA, CESAR A STREET ADDRESS 694 STANTON DR. CITY-ST-ZIP FT. LAUDERDALE FL 33326	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DO NAME MARULANDA, PABLO A STREET ADDRESS 18444 NW 9TH CT. CITY-ST-ZIP PEMBROKE PINES FL 33029	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 2556 Jardin Lane 3.4 CITY-ST-ZIP Fort Lauderdale FL 33327	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DO NAME Marulanda, Edgar Alfredo STREET ADDRESS 812 Sand Creek Circle CITY-ST-ZIP Fort Lauderdale, FL 33327	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		04-28-97 (954) 463-2960 Date Daytime Phone #	

CR2E034 (9/96)