FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 7:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 744831 (9)

1. Corporation Name
FUNDACION MISIONERA REDENCION, INC.

Principal Place of Business	Mailing Address
15611 NW 45 AVENUE CAROL CITY FL 33056	3930 NW 175TH ST. CAROL CITY FL 33056

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 11/03/1978
3a. Date of Last Report: 05/27/1994
4. FEI Number: 59-2821510 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business (21) | 2a. Mailing Address (26)
Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)
City & State (23) | City & State (28)
Zip (24) Country (25) | Zip (29) Country (30)

9. Name and Address of Current Registered Agent

POLANCO, LUGINIO (REV)
121 N.W. 4TH. AVE.
DANIA, FL FL 33004

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Is Not Acceptable)
83
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	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	POLANCO, LUGINIO (REV)	1.2 NAME	
STREET ADDRESS	3930 N.W. 175TH ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33056	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, LUCIANO	2.2 NAME	
STREET ADDRESS	9 ARABIA AVE.	2.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	POLANCO, EVA	3.2 NAME	
STREET ADDRESS	3930 N.W. 175TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	CAROL CITY FL 33056	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	RODRIGUEZ, EVA	4.2 NAME	
STREET ADDRESS	9 ARABIA AVE.	4.3 STREET ADDRESS	
CITY-ST-ZIP	OPA-LOCKA FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	☐ Change ☐ Addition
NAME	ALAGASTINO, HECTOR	5.2 NAME	
STREET ADDRESS	4040 N.E.	5.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D	6.1 TITLE	☐ Change ☐ Addition
NAME	ALASASTINO, HERMINIA	6.2 NAME	
STREET ADDRESS	4040 N.E.	6.3 STREET ADDRESS	
CITY-ST-ZIP	POMPANO BEACH FL	6.4 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)(i), Florida Statutes. I further certify that the information indicated on this 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rev. Luginio Polanco 4/17/95 (305) 624-3822
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #