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May 09 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1997**

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

DOCUMENT # 755951 (1)

1. Corporation Name

LA FAMILIA CRISTIANA, INC.

Principal Place of Business	Mailing Address
2100 SW 66TH AVE MIAMI FL 33155 US	9431 FONT BLVD #207 MIAMI FL 33172-5598

3. Date Incorporated or Qualified: 01/19/1981
3a. Date of Last Report: 07/10/1996

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

4. FEI Number: 59-2060034 ☐ 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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CALVO, RENE REV.
9431 FONT BLVD
#207
MIAMI FL 33172

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE Rene R Calvo 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	D	☒ DELETE	1.1 TITLE	D, T	☐ Change ☑ Addition
NAME	MARTIN, JOSE		1.2 NAME	Artides (First/Name) Betancourt	
STREET ADDRESS	171 W. 42ND STREET		1.3 STREET ADDRESS	1450 S.W. 122 Ave Apt #308	
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP	Miami, FL 33184	
TITLE	PD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CALVO, RENE REV		2.2 NAME		
STREET ADDRESS	9431 FONT BLD #297		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	ESTEVEZ, ANDRE		3.2 NAME		
STREET ADDRESS	3941 N.W. FLAGLER TERR		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	DT	☒ DELETE	4.1 TITLE	D.	☐ Change ☑ Addition
NAME	VIERA, ROBERTO		4.2 NAME	Roberto Cato	
STREET ADDRESS	6821 S.W. 31ST STREET		4.3 STREET ADDRESS	148 N.W. 60 Ave.	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33126.	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☑ Addition
NAME			5.2 NAME	Jose Estrada	
STREET ADDRESS			5.3 STREET ADDRESS	1774 S.W. 9 St. Apt. #4	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Miami, FL 33135	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rene R Calvo