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0032204

03-01-1999 90258 017 ****61.25
03-01-1999 90258 018 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 755951

1. Corporation Name
LA FAMILIA CRISTIANA, INC.

Principal Place of Business	Mailing Address
12260 SW 8TH STREET STE. #220 MIAMI FL 33184 US	7930 SW 16TH ST MIAMI FL 33155 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 01/19/1981
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2060034 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☑ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CALVO, RENE REV.
~~9431 FONT BLVD~~ 7930 S.W. 16 Street
~~#207~~
~~MIAMI FL 33172~~ Miami, FL. 33155

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 L. 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	DT	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	BOTANCOURT, ARTIDES		1.2 NAME		
STREET ADDRESS	1850 S.W. 122 AVE., APT. 301		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	PD	☐ DELETE	2.1 TITLE		☑ Change ☐ Addition
NAME	CALVO, RENE REV		2.2 NAME		
STREET ADDRESS	~~9431 FONT BLD #297~~ 7930		2.3 STREET ADDRESS	7930 S.W. 16 Street	
CITY-ST-ZIP	~~MIAMI FL~~		2.4 CITY-ST-ZIP	Miami, FL. 33155	
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	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	COTO, ROBERTO		4. 2 NAME		
STREET ADDRESS	148 N.W. 60TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	~~D~~	☑ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	~~ESTRADA, JOSE~~		5.2 NAME		
STREET ADDRESS	~~1774 S.W. 9 ST., APT. 4~~		5.3 STREET ADDRESS		
CITY-ST-ZIP	~~MIAMI FL~~		5.4 CITY-ST-ZIP		
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 (11/98)

14. I 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, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED 20 Jan '99 (305) 986-4213
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #