

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 PM 7:11

SECRET
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

DOCUMENT # 767126 (6)

1. Corporation Name

CRUZADA ESTUDIANTIL Y PROFESIONAL
PARA CRISTO

Principal Place of Business

Mailing Address

8537 S.W. 133 PLACE
MIAMI, FL. 33133

8537 S.W. 133 PLACE
MIAMI, FL. 33133

3. Date Incorporated or Qualified

3a. Date of Last Report

02/23/1985

04/23/94

4. FEI Number

Applied For

51-2505156

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8537 S.W. 133 PLACE

26 8537 S.W. 133 PLACE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI, FL.

28 MIAMI, FL.

Zip

Country

Zip

Country

24 33176

25 U.S.A.

29 33176

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FARFAN, CLAUDIA
5201 N.W. 7 ST #205 WEST
MIAMI, FL. 33126

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

CLAUDIA FARFAN

Signature typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when resigning)

4-21-95

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	PERCY, DOMINGO
STREET ADDRESS	8537 S.W. 133 PLACE
CITY- ST- ZIP	MIAMI, FL. 33176
TITLE	B
NAME	BONILLA, HUMBERTO
STREET ADDRESS	8014 GRAND AVENUE
CITY- ST- ZIP	NORTH BERGEN, N.J.
TITLE	D
NAME	BETTY LAMCZYK
STREET ADDRESS	10426 S.W. 88 ST.
CITY- ST- ZIP	MIAMI, FL. 33176
TITLE	T
NAME	DIAZ, CARLOS MANUEL
STREET ADDRESS	17354 N.W. 63 PLACE
CITY- ST- ZIP	MIAMI, FL.
TITLE	S
NAME	FARFAN, CLAUDIA
STREET ADDRESS	5201 N.W. 7 ST #205 W
CITY- ST- ZIP	MIAMI, FL. 33126
TITLE	D
NAME	OTERO, ANGELA
STREET ADDRESS	3881 ESTEPOSA AVENUE
CITY- ST- ZIP	MIAMI, FL. 33176

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY- ST- ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY- ST- ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY- ST- ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY- ST- ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 CITY- ST- ZIP	

TLS 5/2/95

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DOMINGO PERCY

4/21/95

(305) 380 8391



**CRUZADA ESTUDIANTEL Y
PROFESIONAL PARA CRISTO, Inc**

8537 S.W. 133 Place • Miami • FL • 33183
Tel. (305) 380-8391 • Fax. (305) 380-1745

DOCUMENT #767126 (6)

THIRD DIRECTOR;

TITLE: DIRECTOR

NAME: SANDRA PADILLA

STREET ADDRESS: 10511 S.W. 108TH. AVENUE

CITY-ST-ZIP MIAMI, FL. 33176