FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



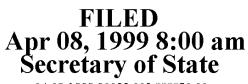
FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # N28268 1. Corporation Name

INTERNATIONAL OUTREACH CENTER, INC.



04-08-1999 90022 003 ****70.00

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Principal Place of Business Mailing Address			<u> </u>		··		•		
12811 SW 1341 MIAMI FL 3318 US		12811 SW 134TI MIAMI FL 33186 US							
Principal Place of Business Address Address						3. Date Incorporated or Qualifed			
21 26						09/09/1988			
Suite, Apt. #, etc. Suite, Apt. #, etc.			t, etc.			4. FEI Number 65-0091894	/	 	lied For
27 City & State				=	oracina T	03 009 1094	ئے۔	* \$8.75 Ac	Applicable
City & State	8	28 City & State				5. Certifcate of Status Desired	M .	Fee Req	
Zip	Zip Country Zip			ntry		6. Election Campaign Financing	П	\$5.00 N	
24 25 29 30						Trust Fund Contribution		Added to	Fees
Name and Address of Current Registered Agent					Nerse	10. Name and Address of New Registered Agent			
				81	Name				
VEGA, DAVID				82	Street Addre	ss (P.O. Box Number is Not Accept	able)		
10611 SW 124TH RD				83		<u> </u>			
MIAMI FL	33186			03					
	•			84			FL	85 Zip C	
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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE									egistered istered
12,		ND DIRECTORS	13.	7-9011	It signature requires	ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECTOR	RS IN 12
TITLE	PD		DELETE 1.1 TI	πE				Change	Addition
NAME	VEGA, DAVID		1.2 N	WE		•			
STREET ADDRESS	10611 SW 124TH RD		1.3 81	REET	T ADDRESS	•		•	
CITY-ST-ZIP	MIAMI FL		1,4 CI	TY-\$1	T-ZIP				
TITLE	D		DELETE 2.1 TI	TLE				Change	☐ Addition
NAME	CRESPO, DEMETRIUS		2.2 N/	ME					
STREET ADDRESS	3300 PEMBROKE ROAD ROU	Г 17	2.3 \$1	TREET	TADDRESS				
CITY-ST-ZIP	HOLLYWOOD FL				ST-ZIP		-2 Bay		- A J J'A'
·mue	D =		DELETE 3.1 TI	TLE				Change	Addition
NAME	MONOKIAN, GARY S		3.2 N/	ME					
STREET ADDRESS	15526 SW 111TH TERRACE		3.3 \$1	TREET	TADORESS		•		
CITY-ST-ZIP	MIAMI FL			_	ST-ZIP			Change	Addition
TITLE	Τ		DELETE 4.1 TI					C) Criange	
NAME	SNIDER, KAROLEA K		4.2 N	AME					
STREET ADDRESS	12773 SW 20TH TERR				TADDRESS				
CITY-ST-ZIP	MIAMI FL		4.4 CI DELETE 5.1 TI	_	T-ZIP			Change	Addition
TITLE			5.2 N			_		CJ 69-	
NAME OTOFFT A DODESO					TADDRESS				**
STREET ADORESS					T-ZIP				
CITY-ST-ZIP			DELETE 6.1 Tr			,		Change	Addition
NAME		۵.	6.2 N						
					TADDRESS				
STREET ADDRESS					T-ZIP				

CITY-ST-ZIP. 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 suppliemental 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 en an attackment with an address, with attackment like empowered.

SIGNATURE: