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**APPROVED
AND
FILED**

**CORPORATION
ANNUAL REPORT
1995**



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

95 MAR -8 PM 3: 07

DOCUMENT # N32965 (8)

1. Corporation Name
FLORIDA CENTER FOR PEACE, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business 5000 SW 75 AVE. MIAMI FL 33155 US	Mailing Address P.O. BOX 491-306 MIAMI FL 33143 US
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified 06/23/1989	3a. Date of Last Report 01/31/1994
4. FEI Number 65-0185206	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**FLORIDA REGISTERED AGENTS, INC.
100 S.E. 2ND STREET, 36TH FLOOR
ONE CENTRUST FINANCIAL CENTER
MIAMI FL 33131**

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 _____ (NOTE: Registered Agent signature required when re-registering) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE D1	SIMAN, LUIS
NAME	5000 S.W. 75TH AVE.
STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	
TITLE D	PANTIN, VICTOR
NAME	1428 GARCIA AVE
STREET ADDRESS	CORAL GABLES FL
CITY - ST - ZIP	
TITLE D	GITUERREZ, LOURDES
NAME	144 ISLA DORADA BLVD
STREET ADDRESS	CORAL GABLES FL
CITY - ST - ZIP	
TITLE D	ANDREU, YOLANDA
NAME	14012 LAKELUVE CT.
STREET ADDRESS	MIAMI LAKES FL
CITY - ST - ZIP	
TITLE D	ANDREU, ANGEL
NAME	14012 LAKELUVE CT
STREET ADDRESS	MIAMI LAKES FL
CITY - ST - ZIP	
TITLE D	FANJUL, ELODIA
NAME	821 MALAGA
STREET ADDRESS	CORAL GABLES FL
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: LUIS E. SIMAN _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #