

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

61.25 (Non-Profit)



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

CORPORATION
ANNUAL REPORT

DOCUMENT # N94000002700 (2)

1. Corporation Name

CENTRO DE AVVAMIENTO CRISTIANO, INC.

Principal Place of Business

Mailing Address

13500 S.W. 88th Street
Suite 111/115
Miami, Florida 33186

13500 S.W. 88th St.
Suite 111/115
Miami, Florida 33186

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified
05/18/1994

3a. Date of Last Report
Second Report

4. FEI Number

65-0495162

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 **13500 S.W. 88th Street**

26 **13500 S.W. 88th Street**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **suite 111/115**

27 **Suite 111/115**

City & State

City & State

23 **Miami Florida**

28 **Miami, Florida**

Zip

Country

Zip

Country

24 **33186**

25 **USA**

29 **33186**

30 **USA**

9. Name and Address of Current Registered Agent

SANTAMARIA, JOSE R
11126 S.W. 133rd Place
Miami, Florida 33186

10. Name and Address of New Registered Agent

81 Name **Same**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE NAME STREET ADDRESS CITY - ST - ZIP	DP Santamaria, Jose R. 11126 S.W. 133rd Place Miami, Florida 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DV Lineros, Leonor T. 11126 S.W. 133rd Place Miami, Florida 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DS Darling Roza 15439 S.W. 80 Street, Apt.101 Miami, Florida 33193
TITLE NAME STREET ADDRESS CITY - ST - ZIP	DT Liliana E. Angel 11757 S.W. 132nd Place Miami, Florida 33186
TITLE NAME STREET ADDRESS CITY - ST - ZIP	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	Same	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	000001911410 -08/02/96--01031--019 ***8.75 900001911409 -08/02/96--01031--018 ***61.25	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jose R. Santamaria (305) 388-6363

Date

Signature