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NONPROFIT CORPORATION ANNUAL REPORT

1999

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

DOCUMENT # N94000003656

1. Corporation Name

CEMI WORLD OUTREACH, INC.

Principal Place of Business	Mailing Address
6959 TORRES ST JACKSONVILLE FL 32210 US	6959 TORRES DR. JACKSONVILLE FL 32210

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

3. Date Incorporated or Qualifed: 07/21/1994

4. FEI Number: 59-3263138 ☐ Applied For ☐ Not Applicable

5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

CANDELERIA, JESSE L
2923 WATERS VIEW CIR
ORANGE PARK FL 32073

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 _____ 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	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CANDELARIA, JESSE L		1.2 NAME	
STREET ADDRESS	2923 WATERS VIEW CIR		1.3 STREET ADDRESS	
CITY-ST-ZIP	ORANGE PARK FL 32073		1.4 CITY-ST-ZIP	
TITLE	VD	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	CORTES, EDMAR D		2.2 NAME	
STREET ADDRESS	11127 CHESTER RD		2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32210		2.4 CITY-ST-ZIP	
TITLE	S	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	CENTENO, EDUARDO		3.2 NAME	
STREET ADDRESS	6539 TOWNSEND RD LOT 183		3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244		3.4 CITY-ST-ZIP	
TITLE	D	☑ DELETE	4.1 TITLE	MEMBER ☑ Change ☐ Addition
NAME	DESUYO, JIMMY B		4.2 NAME	MEJICA, CEZAR
STREET ADDRESS	8378 CHIMNEY OAKS DR		4.3 STREET ADDRESS	6636 RAWHYDE TRAIL N.
CITY-ST-ZIP	JACKSONVILLE FL 32244		4.4 CITY-ST-ZIP	JACKSONVILLE, FL 32210
TITLE	T	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	DE CASTRO, BELINDA		5.2 NAME	
STREET ADDRESS	7445 SWEET ROSE LN		5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244		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 all other like empowered.

SIGNATURE: SIGNATURE REQUIRED — JAN. 25, 1999 — 904-908-8322

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #