FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000005198 (6)**

1. Corporation Name

MINISTERIO CRISTIANO DE RECONCILIACION, INC.

Principal Place of Business	Mailing Address
2560 W 56TH ST T-409 HIALEAH FL 33016	2560 W 56TH ST T-409 HIALEAH FL 33016

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/20/1994
3a. Date of Last Report: N/A

4. FEI Number: 65-0530554 — ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address	5. Certificate of Status Desired ☐ — **$8.75** Additional Fee Required
21 5985 W 25ct	26 P.O. Box 5396	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	6. Election Campaign Financing Trust Fund Contribution ☐ — **$5.00** May Be Added to Fees
22 Suite 109.	27 Hialeah FL	
City & State	City & State	7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — **$68.75** Supplemental Fee Not Required
23 Hialeah FL.	28 33014-1396.	
Zip / County	Zip / County	8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
24 33016. / 25 E.U.	29 / 30	

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LOPEZ, MODESTO **2560 W 56TH ST T-409** **HIALEAH FL 33016**	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City **FL** 35 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: N/A. — DATE: 3/27/91

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	D	11 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, MODESTO	12 NAME	
STREET ADDRESS	2560 W 56TH ST T-409	13 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	LOPEZ, MARY A	22 NAME	
STREET ADDRESS	2560 W 56TH ST T-409	23 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33016	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	PAPERNIK, ANA I	32 NAME	
STREET ADDRESS	18585 NW 18TH ST	33 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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 an address.

SIGNATURE: [signature] — 3/27/91 — 1-304 — 556-6010

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

0017981