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SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

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DOCUMENT # N9900007061

1. Entity Name
Pies Descalzos International Foundation Corp.

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
3440 NORTH MIAMI AVE.
 Suite, Apt. #, etc.

3. Mailing Address
2655 COLLINS AVE
 Suite, Apt. #, etc.
#407

City & State
MIAMI FLORIDA

City & State
MIAMI BEACH, FL 33140

Zip Country
33127 Dade

Zip Country
Dade

DO NOT WRITE IN THIS SPACE

4. FEI Number
05-0979683

Applied For
 Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

7. Name and Address of Current Registered Agent

Name
Aymee Cepeda Lopez

Street Address (P.O. Box Number is Not Acceptable)
5041 S.W. 10th Ave #363w

City
MIAMI

FL Zip Code
33173

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE Aymee Cepeda Register Agent. DATE 06-08-02

Signature typed or printed name of my listed agent, not file if applicable. (NOTE: Registered Agent signature required when re-registering)

FEE IS \$61.25 Initial or Amended UBR

9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>President</u> <u>Sonia Becerra (Reverend)</u> <u>2655 COLLINS AVE #407</u> <u>MIAMI BEACH, FL 33140</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Per LARRY Hickey</u> <u>P.O. Box 1438</u> <u>SAWINGBORA, GA 30401</u> <u>(Director)</u>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Vice President</u> <u>Humberto Becerra (Reverend)</u> <u>2655 COLLINS AVE #407</u> <u>MIAMI BEACH, FL 33140</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Secretary</u> <u>DAFAEL MEZA</u> <u>7649 N.W. 181 Terr</u> <u>MIAMI, FL 33015</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Treasurer</u> <u>Abel E Cepeda</u> <u>1544 S.W. 57 St</u> <u>MIAMI FL 33193</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Gloria Ruiz</u> <u>5700 S.W. 127th Ave #1311</u> <u>MIAMI, FL 33192</u> <u>Director</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<u>Per Carlos Romero</u> <u>1001 S.W. 18th Ave</u> <u>MIAMI, FL 33135</u> <u>(Director)</u>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

674-8737