

FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## 1999 DOCUMENT # N9400003656

1. Corporation Name

CEMI WORLD OUTREACH, INC.

Principal Place of Business 6959 TORRES ST JACKSONVILLE FL 32210

US

Mailing Address

6959 TORRES DR. JACKSONVILLE FL 32210

**FILED** Mar 02, 1999 8:00 am § Secretary of State 03-02-1999 90178 033 \*\*\*\*61.25

2.	Principal Place of Business 2a. Mailing Address					Date Incorporated or Qualified								
21	26							07/21/1994						
	Suite, Apt.	#, etc.	<u> </u>	Suite, Apt. #, etc.					FEI Number		Ар	plied For		
22			27						- 59-3263138		~ No	t Applicable "		
	City & State		<u> </u>	City & State					E Codificate of Status Desired	\$8	.75 <i>e</i>	dditional		
23			28						5. Certifcate of Status Desired	_, F	ee Re	quired		
	Zip	Country	,	Zip	Со	untry			6. Election Campaign Financing	- S:	5.00	Мау Ве		
24	,	25	29		30				Trust Fund Contribution			o Fees		
	9. Name and Address of Current Registered Agent							10. Name and Address of New Registered Agent						
							81 Name							
	ALLENG COLL IPAGE I													
CANDELERIA, JESSE L						82 Street Address (P.O. Box Number is Not Acceptable)								
2923 WATERS VIEW CIR														
ORANGE PARK FL 32073						83								
						84	City			FI 85	Zip (	Code		
L												aintered		
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														
] "	IONATORE	Signature, typed or printed name of registered agent a	nd title	if applicable. (NOTE			t signature	required v	vhen reinstating)	DATE				
12	OI TIOCHO AND BIRES TORIO				_	13.			ADDITIONS/CHANGES TO OFFICE					
ŦIT	Œ	PD DELETE				1.1 TITLE				□ci	nange	☐ Addition		
NAME		CANDELARIA, JESSE L	NDELARIA, JESSE L			1.2 NAME			•					
STI	REET ADDRESS					STREET	ADDRESS							
СП	Y-ST-ZIP					I CITY-ST-ZIP								
TIT						2.1 TITLE				□c	nange	☐ Addition		
NA.	ME	CORTES, EDMAR D			2.21	NAME								
l	REET ADDRESS	11127 CHESTER RD			2.3 5	STREET	ADDRESS							
1	TY-ST-ZIP	JACKSONVILLE FL 32210				CITY-S			<u> </u>		•	~ . ~ .		
TIT		_		[] DELETE		IIILE					hange	☐ Addition		
		S CENTENO EDUADO		<u> </u>		NAME								
1	ME	CENTENO, EDUARDO					ADORESS	1						
	REET ADDRESS	6539 TOWNSEND RD LOT 183										•		
-	ry-st-zip	JACKSONVILLE FL 32244		IN DELETE	-	CITY-S	T-ZIP	1.45	: Ar3h-16		hange	☐ Addition		
ļ	rue						1.4-	MBER CETAR	_	94	ا العدادات ال			
1	WE	DESCIO, SIMINI D			4.2 NAME M		ME	JICA CEZAR 36 RAWHYDE TRAIL N						
ST	REET ADORESS					4.3 STREET ADDRESS (		100	KSONVILLE, FL 32210	•				
-	ry-st-zip	-" 0/10/100/11/ECC 1 C VEC 11			CITY-S	T-ZIP	JAC	WOUNTER 11 - 32210			Addition			
TIT	nue	1 1 · · · · · · · · · · · · · · · · · ·			TITLE				تاد	hange	☐ Madigan			
NA	WE	DE CASTRO, BELINDA				NAME								
ŞT	REET ADDRESS	7445 SWEET ROSE LN			5.3	STREE	FADDRESS							
СП	ry-St-ZIP	JACKSONVILLE FL 32244				CITY-S	T-ZIP	1						
Ш	TLE			☐ DELETE	6.1	TITLE				C	hange	☐ Addition		
NA.	ME				6.21	NAME								
ST	REET ADDRESS				6.3	STREE	ADDRESS					ŗ		

CITY-ST-ZIP 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 an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

