FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS

DOCUMENT # 712455

(5)

Cursillos	DE CRIS	Tiandad
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CURSI	LLOS DE CRISTIANDAD						
Principal Place	e of Business	Mailing Address			E SOURTH HERBY FIRMUNISON BHACH BHACH		
16250 SW 11 P. O. BOX 65 MIAMI FL 332	52307	16250 SW 112TH AVE P. O. BOX 652307 MIAMI FL 33265-9307					
				3. Dat	e Incorporated or Qualified 03/21/1967	3a. Date of Last 05/01/1	Report 995
	lace of Business	2a. Mailing Address		4. FEI	Number FO 000F000		Applied For
Suite, Apt.	# etc	26			59-0865839		Not Applicable
22		Suite, Apt. #, etc.		5 . Cer	tificate of Status Desired	4 1	5 Additional Required
City & State	e	City & State			ction Campaign Financing	□ \$5.0°	O May Be
Zip	Country	28 Zip	Country		st Fund Contribution	Adde	d to Fees
24	25	29	30	I	s corporation has liability for in ida Statutes	tangible tax under s I Yes □ No	. 199.032,
	9. Name and Address of Cur		1		me and Address of New Re		
			81 Nam			3	
CAMPA,	MANUEL J.		82 Stre		South the second second second	;	
6336 S.V			62 Sire	et Address (P.O. E	lox Number is Not Acceptable)	
Miami Fl	L 331 5 5		83				
			B4 City				
							p Code
 Pursuant to or register familiar wi 	to the provisions of Sections 617.05 red agent, or both, in the State of Fi th, and accept the obligations of, Si	302 and 617.1508, Florida Statutes orida. Such change was authonzer ection 617.0503, Florida Statutes.	s, the above-named d by the corporation	corporation submits board of director	its this statement for the purpors. I hereby accept the appoin	ose of changing its r ntment as registered	registered office I agent. I am
SIGNATURE							
	Signature, typed or printed name of registered as		Registered Agent signatu			DATE	
12. TITLE	OFFICERS /	AND DIRECTORS	13.		DITIONS/CHANGES TO OFFIC		
NAME	DELGADO, ANGEL	Преселе	1.1 TITLE	DV	N CANOURA	Change	☐ Addition
STREET ADDRESS	11234 NW 5TH TERR.		1 2 NAME		SANCHEZ		
CITY-ST-ZIP	MIAMI FL		1 3 STREET ADDRES	L	SW 67 Terr		
TITLE	DP	DELETE	1 4 CHY - ST - ZIP 2 1 TIFLE	Miami	F1 33173	Chagge	Addition
NAME	LOPEZ, CELESTINO		2 2 NAME			☐ Change	Addition Addition
STREET ADDRESS	680 WEST 77TH ST.		2 3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL 33014		2 4 CITY - ST - ZIP	°			
TITLE	SD	DELETE	3 1 TITLE	G.D.		Change	Addition
NAME	DE LA VEGA, AMALIA	_	3.2 NAME	SD	DED	X Grange	
STREET ADDRESS	5922 NW 7TH ST.		3 3 STREET ADDRESS		A FERNANDEZ		
CITY ST-ZIP	MIAMI FL		3.4. CITY - \$1 - ZIP	043T 2M	7 21 St.		
TOTLE	TD	DELETE	4 1 TITLE	Mlami	F1 33155	☐ Change	Addition
NAME	MEDINA, MARIO		4 2 NAME			_ ,	
STREET ADDRESS	9275 SW 32ND ST.		4.3 STREET ADDRESS	s			
CITY-ST-ZIP	MIAMI FL 33165-4101		4.4 CHTY - ST - ZIP	1.			
TITLE		DELETE	5 1 TITLE			☐ Change	Addition
NAME			5.2 NAME		\sim c t annunt 5		
STREET ADDRESS			5.3 STREET ADDRESS	s	7000017 2 -02/28/960109	18007	
CITY - ST - ZIP			5 4 CITY - ST - ZIP		***61,25	ונוט טי	
Trille		DELETE	6 1 THILE			☐ Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS	i			1
CITY-ST-ZIP	y cortify that the information a mail -	of with this filles is and the St. A. T. I.	6 4 CITY - ST - ZIP				
certify that	y certify that the information supplied the information indicated on this and am an officer or director of the contract.	a with this liling is voluntarily furnish inual report or supplemental annua	ned and does not qualified and a	uality for the exemi- accurate and that i	ption stated in Section 119.07 my signature shall have the sa	(3)(k), Florida Statute me legal effect as if	es. I further 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: Marie M. Salina NAPER SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER THE ASUTE STATES

MARIO M

FEB 20/96 (305) 226-1399

OS 2-26-24

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