FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **738799** **(6)**

1. Corporation Name

MOVIMIENTO FAMILIAR CRISTIANO INC.

Principal Place of Business	Mailing Address
780 N.W. LE JEUNE RD. SUITE 427 MIAMI FL 33126	780 N.W. LE JEUNE RD. SUITE 427 MIAMI FL 33126

3. Date Incorporated or Qualified: 05/02/1977
3a. Date of Last Report: 07/10/1995

2. Principal Place of Business
21 480 E 8TH STREET
22 Suite, Apt. #, etc.
23 City & State: HIALEAH, FL
24 Zip: 33010
25 Country: DADE

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

4. FEI Number: 59-1756543 ☐ Applied For ☐ Not Applicable

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

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

CRUZ, ALEJANDRINA G.
780 N W LE JEUNE RD
SUITE 427
MIAMI FL 33126

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	VD	☒ DELETE	1.1 TITLE	PRESIDENT & DIRECTOR	☒ Change ☐ Addition
NAME	HOYO, JOSE M.		1.2 NAME	RAFAEL MOREJON	
STREET ADDRESS	9120 SW 45TH TERR.		1.3 STREET ADDRESS	780 NW LE JEUNE RD	
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	SD	☒ DELETE	2.1 TITLE	SECRETARY & DIRECTOR	☒ Change ☐ Addition
NAME	PUPO, ROBERTO		2.2 NAME	ANDRES FUXA	
STREET ADDRESS	780 NW LE JEUNE RD., #427		2.3 STREET ADDRESS	780 NW LE JEUNE RD	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	TD	☒ DELETE	3.1 TITLE	TREASURED & DIRECTOR	☐ Change ☐ Addition
NAME	PEDROSO, JESUS		3.2 NAME	FELIX D. CRUZ	
STREET ADDRESS	440 SW 23RD AVENUE		3.3 STREET ADDRESS	780 NW LE JEUNE RD	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE	PD	☒ DELETE	4.1 TITLE	VICE PRESIDENT DIRECTOR	☐ Change ☐ Addition
NAME	CARBALLO, ARLES		4.2 NAME	ROBERTO PUPO	
STREET ADDRESS	1844 NW 22ND PLACE		4.3 STREET ADDRESS	780 NW LE JEUNE RD	
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	MIAMI, FL 33126	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			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		

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)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (12/95)