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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996
DOCUMENT #

739052

(9)

THE LATIN-AMERICAN CHRISTIAN CHURCH OF MIAMI, IN

| 6201 SW 24TH ST MIAMI FL 33155 3. Date Incorporated or Qualified 05/19/1977 2. Principal Place of Business 2a. Mailing Address 25 259-2706815 Suite, Apt. #, etc. 5. Certificate of Status Desired 6201 SW 24TH ST MIAMI FL 33155 3a. Date of Last Report 03/02/1995 4. FEI Number Applied For Not Applicable Suite, Apt. #, etc. 5. Certificate of Status Desired 83.75 Additional | Dringing Place | of Pusinens | Mailina Addesse | | | | | | | A UNUI DIQII UDD |
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| 2. Principal Place of Business 2s. Mailing Address 4. Fit Invalore 55/19/1977 53/02/1995 34/03/02/19 | Principal Place of Business Mailing Address 6201 SW 24TH ST 6201 SW 24TH ST | | | | | | | | | |
| Principal Place of Business 2x Mailing Address 3x Mailing Address 4. FEI Number 59-2706815 50 | MIAMI FL 331 | 55 | MIAMI FL 33155 | MIAMI FL 33155 | | | | | | |
| 22. Many Actives 23. Many Actives 24. FE Names 59-270815 | | | | | | | - I | 1 | | , |
| Suite, April 4, etc. Suite April 4, etc. | 2. Principal Pla | ace of Business | 2a. Mailing Address | 2a. Mailing Address | | | I | | | Applied For |
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| 25 29 30 | | Country | | | | | | | | |
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| SOSS N.W. 7TH #1003 | | | | | 61 | Name | | | | |
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| MIAMI FL 33126 | | | | | Street Address (P.O. Box Number is Not Ad | | | 3) | | |
| 11. Pursuant to the provisions of Sections 617,0602 and 617,1606. Findia Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the design of Sections 617,0603, Fortial Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, 1 am registered agent, or both, in the design of Section 617,0603, Fortial Statutes, the above named corporation's board of directors. Thereby accept the appointment as registered agent, 1 am registered | | | | | | | | | | |
| 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 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 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 | MIXMI FL | L 33 120 | | | | | | | TT | <u>-</u> |
| 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 Sociolor BT/OGOS, Florida Statutes. SIGNATURE 2. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO DEFICERS AND DIRECTORS IN 12 TILLE PD DELETE 1.1 TILLE GUILLERMO, TRAVIESO 12 NAME SIFEEL ADDRESS 6201 CORAL WAY 1.3 SIFEEL ADDRESS 1.4 CITY-ST-ZIP | | | | | 84 | City | | FI | 85 Zi | p Code |
| or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, I am familiar with and accept the obligations of Sociolo 117,05056, Florida Statutes. SIGNATURE | 11. Pursuant t | to the provisions of Sections 617.050 | 2 and 617.1508, Florida Statut | es, the abo | l <u>l</u> ove-na | med corpo | ration submits this statement for the purp | ose of char | I I Iging its | registered office |
| SIGNATURE 2 | or register | ed agent, or both, in the State of Flor | ida. Such change was authoriz | ed by the c | corpor | ration's boa | ard of directors. I hereby accept the appo | intment as r | egistered | t agent. I am |
| | | in, and accept the dollgations of, oeco | tion and country to the state of the state o | | | | | | | |
| TITLE | | Signature, typed or printed nan e of registered age: | it and little it applicable (NC | TE Registered | I Agent s | signature require | ed when renstaling) | DATE | | |
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| * * * * * * * * * * * * * * * * * * * | | y certify that the information supplied | with this filing is voluntarily furr | | | | for the exemption stated in Section 119.0 |)7(3)(k), Flori | da Statu | tes. 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 concoration 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 organ attachment with an address.

SIGNATURE: Per Signatura And Type of Printed Dame of SIGNATURE OF SIGN

R2E037 (12/95)