

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$345)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 14 AM 9:02

DOCUMENT # 739660 (9)
1. Corporation Name
LAKEVIEW UNITED METHODIST CHURCH HISPANIC, INC.

Principal Place of Business Mailing Address
11500 N.W. 12TH AVENUE MIAMI FL 33168

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/13/1977	3a. Date of Last Report 07/12/1994
4. FEI Number 59-1736854	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.002, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29
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9. Name and Address of Current Registered Agent
**BORBON, REV. JOSE ALBERTO
11500 N.W. 12TH AVE.
MIAMI FL 33168**

10. Name and Address of New Registered Agent
61 Name **Nelson L. Bauta**
62 Street Address (P.O. Box Number is Not Acceptable)
11500 N.W. 12th Avenue
63
64 City **MIAMI** FL 65 Zip Code **33168**

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 *Nelson Bauta* DATE **5/31/95**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	P
NAME	CASTRO, JOHN A.
STREET ADDRESS	8801 W. FLAGLER #310
CITY - ST - ZIP	MIAMI FL
TITLE	V
NAME	DEL PINO, DOLORES
STREET ADDRESS	12100 S.W. 47TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	TAMAYO, ANGEL
STREET ADDRESS	1502 S.W. 104TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ZULON, LETICIA
STREET ADDRESS	8335 WEST 10TH LANE
CITY - ST - ZIP	HIALEAH FL
TITLE	D
NAME	BORBON, CATALINA M.
STREET ADDRESS	120 N.E. 121ST STREET
CITY - ST - ZIP	NORTH MIAMI FL
TITLE	D
NAME	LORENZO, LETICIA
STREET ADDRESS	738 EAST 52ND STREET
CITY - ST - ZIP	HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1 1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1 2 NAME	Tamayo, Angel
1 3 STREET ADDRESS	2655 COLLINS AVE Apt 2004
1 4 CITY - ST - ZIP	MIAMI BEACH, FL 33140
2 1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2 2 NAME	Zulon, Leticia
2 3 STREET ADDRESS	8935 W 18 Lane
2 4 CITY - ST - ZIP	Hialeah, FL 33014
3 1 TITLE	S <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3 2 NAME	Bauta, Elina
3 3 STREET ADDRESS	1875 NE 154th
3 4 CITY - ST - ZIP	MIAMI, FL 33162
4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4 2 NAME	
4 3 STREET ADDRESS	
4 4 CITY - ST - ZIP	
5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5 2 NAME	
5 3 STREET ADDRESS	
5 4 CITY - ST - ZIP	
6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6 2 NAME	
6 3 STREET ADDRESS	
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 110.07(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 the 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: *Nelson Bauta* DATE **5/31/95** (305) 945-9767

CR2E037 (3/95)