

FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

739660 DOCUMENT # Lakeview United Methodist Chira HISPANIC, INC.

Principal Place of Business

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2a. Mailing Address

City & State

Zip

Suite, Apt #, etc.

26

27

28

29

11500 NW 12 AVENUE MIAMI, FL. 33/68

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified

3a. Date of Last Report

APPROVED

97 SEP 15 AH 10: 52

SECRETARY OF STATE

DATE

Not Applicable \$8.75 Additional

Applied For

6. Election Campaign Financing

Fee Required \$5.00 May Be Added to Fees

 Γ Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

10. Name and Address of New Registered Agent

Yes

9. Name and Address of Current Registered Agent FONSECH JOSE Algerico. 11500 N.W. 12 AVE N. Mimmi, FL. 23168.

Signature, typed or printed name of registered agent and tire if applicable

Country

82 Street Address (P.O. Box Number is Not Acceptable)

83 R4

(NOTE: Registered Agent signature required when reinstating)

Zip Code

☐ Change

Change

Addition

Addition

Addition

11. Pursuant to the provisions of Sections 607.0502 and 607.1508. 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 607.0505, Florida Statutes.

Country

81 Name

30

12.	OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	P DELETE	1.1 THLE	Change Addition
NAME	TAMAYO ANGEL	1.2 NAME	
STREÈT ADDRESS	2655 Collins Are APT 2004	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, BEACH FL	1.4 CITY-ST-ZIP	
TITLE	☐ DELETE	2.1 THLE	Change Addition
NAME	Zulov Leticia	2.2 NAME	800002295 678 5 -09/17/9701079005
STREET ADDRESS	8835W 18 KANE	23 STREET ADDRESS	******61.25 ******61.25
CITY-ST-ZIP	MIAleAh, PL	2 4 CITY-ST-ZIP	######D1.CD #####U1.EU
TITLE	S □ DELFTE	3.1 TITLE	Change Addition
NAME	José Alberto BORBON	3.2 NAME	
	190 N. F 181 St	3.3 STREET ADDRESS	

34. CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY - ST - ZIP

4.4 CITY-ST-ZIP

4.1 THILE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

NOATH MIAMI - FL. CITY-ST-ZIP TITLE

NAME Zulon Leticia STREET ADDRESS 9385W 18KANE HIAleAb, FL CITY-ST-ZIP

TITLE BODDON CATALINA. NAME 140 N. F. 121 of STREET ADDRESS

Noath MIAMI FL CITY-ST-ZIP TITLE BOMERO LeticiA NAME

STREET ADDRESS

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block

DELETE

DELETE

DELFTE

a. wall