

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 764986 (6)

1. Corporation Name

CONGREGACION CRISTIANA DE MIAMI, INC.

Principal Place of Business

Mailing Address

4300 SW 73 AVE
STE 102
MIAMI FL 33155
US

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STE 102
MIAMI FL 33155
US



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/13/1982
3a. Date of Last Report 04/24/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

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4. FEI Number 65-0045802
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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DE AVILA, GERARDO
10951 SW 64 ST.
MIAMI FL 33173

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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
VD	MASARIEGOS, HAROLDO	2430 SW 127 AVENUE	MIAMI, FL 00000	VD	MERIDA, OSCAR	731 N.E. 3 Place	HIALEAH, FL 33010
PD	DE AVILA, GERARDO	10951 SW 64TH ST.	MIAMI FL	TD	DE AVILA, DANIEL	13867 SW 64 Street	MIAMI, FL 33183
TD	DE AVILA, D	13870 SW 62ND STREET	MIAMI FL	S	RAMOS, CYNTHIA	9581 FONTAINEBLEAU BLVD, #609	MIAMI, FL 33172
D	DEAVILA, DANIEL	13867 SW 64ST	MIAMI FL	D	CHARRY, ILEANA	11339 NW 1 Terrace	MIAMI, FL 33172
TD	PEREDA, MANUEL	13850 SW 102 LANE	MIAMI FL				
D	MERIDA, OSCAR	731 NE 3 PLACE	HIALEAH FL				

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.