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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

767126 DOCUMENT #
1. Corporation Name

(6)

CRUZADA ESTUDIANTIL Y PROFESIONAL PARA CRISTO, I



NC.								
Principal Place o	of Business	Mailing Address						
8537 SW 133 PLACE 8537 SW 133 PLACE MIAMI FL 33176 MIAMI FL 33176 US US								
05		03			3. Date Incorporated or Qualified 02/23/1983	3a . Da	ate of Last 05/01/1 9	Report 995
2. Principal Plac	ce of Business	2a. Mailing Address			4. FEI Number	1		Applied For
21		26			59-2305956			Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Ac Fee Rec			Additional Required
City & State		City & State			Election Campaign Financing Trust Fund Contribution			May Be d to Fees
Zip	Country	Zip	Count	try	8. This corporation has liability for i	ntangible t	ax under s.	199.032,
24	25	29	30		Florida Statutes L 10. Name and Address of New R	Yes Z		
	9. Name and Address of Curre	ent Registered Agent		31 Name	10. Name and Address of New R	egistered	Agent	
	a			Name				
FARFAN,			82 Street Ad		dress (P.O. Box Number is Not Acceptable)			
5201 NW	781		-	33				
#205 W	20100			,3				
MIAMI FL	. 33126		[8	34 City		FL	85 Zi	p Code
1					ration submits this statement for the pur		anging its i	rogistered office
		n 617 0603. Florida Statute			and of directors. I hereby accept the appe			
familiar with	h, and accept the collections of the	Ju	ðS.	gent signature require	JO 1411SI TEIL SEETING		8.94	
familiar with	h, and accept the obligatione of our stered ago	Ju	ðS.	gent signature require	ad when reinstating) ADDITIONS/CHANGES TO OFF		D DIRECTO	ORS IN 12
familiar with	Signature, byted or printed name of mystered ag	em and title I applicable.) (N	VOTE: Registered A		JO 1411SI TEIL SEETING			
familiar with	Signature, byted or printed name of mystered ap OFFICERS A P DOMINGO, PERCY	en and title if applicable. (N	NOTE: Registered A	.E	ADDITIONS/CHANGES TO OFF	ICERS AN	D DIRECTO	ORS IN 12
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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 required 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:

OF SIGNING OFFICER OF DIRECTOR

March 18,1996