

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 767126 (6)

1. Corporation Name
CRUZADA ESTUDIANTIL Y PROFESIONAL PARA CRISTO, I NC.



Principal Place of Business
**8537 SW 133 PLACE
MIAMI FL 33176
US**

Mailing Address
**8537 SW 133 PLACE
MIAMI FL 33176
US**

3. Date Incorporated or Qualified **02/23/1983** 3a. Date of Last Report **05/01/1995**

2. Principal Place of Business 21	2a. Mailing Address 26	4. FEI Number 59-2305956	Applied For Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
City & State 23	City & State 28	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FARFAN, CLAUDIA 5201 NW 7 ST #205 W MIAMI FL 33126		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]* DATE: **03-08-96**
Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P DOMINGO, PERCY 8537 SW 133 PLACE MIAMI FL 33176	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3000001750738 -03/26/96-01027--001 ***70.00
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V HUMBERTO, BONILLA 8014 GRAND AVE NORTH BERGEN NJ	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D LAMCZYK, BETTY 10426 SW 88 ST MIAMI FL 33176	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition D DIAZ, CARLOS MANUEL 17564 N.K. 62 PLACE MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T DIAZ, CARLOS MANUEL 17354 NW 62 PLACE MIAMI FL	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition RINCON, OLGA T 7713 N KENDALL DRIVE #108 MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S CLAUDIA, FARFAN 5201 NW 7 ST #205 W MIAMI FL 33126	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ANGELA, OTERO 3851 ESTEPONA AVE MIAMI FL 33178	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 119.07(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 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: *[Signature]* DATE: **March 18, 1996** DAYTIME PHONE #: **305-380-8391**

CR2E037 (12/95)