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Jan 28 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION  
ANNUAL REPORT  
1997



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 Mailing Address  
8537 SW 133 PLACE MIAMI FL 33176 US  
8537 SW 133 PLACE MIAMI FL 33183-4177 US

3. Date Incorporated or Qualified 02/23/1983  
3a. Date of Last Report 03/25/1996

2. Principal Place of Business 2a. Mailing Address

4. FEI Number 59-2305956  
Applied For Not Applicable

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

5. Certificate of Status Desired  \$8.75 Additional Fee Required

22 City & State 27 City & State

6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees

23 Zip Country 28 Zip Country

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

24 25 29 30

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, 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 P  DELETE  
NAME DOMINGO, PERCY  
STREET ADDRESS 8537 SW 133 PLACE  
CITY-ST-ZIP MIAMI FL 33176

1.1 TITLE  Change  Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

TITLE V  DELETE  
NAME HUMBERTO, BONILLA  
STREET ADDRESS 8014 GRAND AVE  
CITY-ST-ZIP NORTH BERGEN NJ

2.1 TITLE  Change  Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME DIAZ, CARLOS M  
STREET ADDRESS 17354 N.W.62 PLACE  
CITY-ST-ZIP MIAMI FL

3.1 TITLE  Change  Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE T  DELETE  
NAME RINCON, OLGA  
STREET ADDRESS 7713 N KENDALL DRIVE #108  
CITY-ST-ZIP MIAMI FL

4.1 TITLE  Change  Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE S  DELETE  
NAME CLAUDIA, FARFAN  
STREET ADDRESS 5201 NW 7 ST #205 W  
CITY-ST-ZIP MIAMI FL 33126

5.1 TITLE  Change  Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE D  DELETE  
NAME ANGELA, OTERO  
STREET ADDRESS 3851 ESTEPONA AVE  
CITY-ST-ZIP MIAMI FL 33178

6.1 TITLE  Change  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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Claudia Farfan* CLAUDIA FARFAN 01/06/97 305 446-0288  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0033851

CR2E037 (9/96)