

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 05, 1999 8:00 am**  
**Secretary of State**

05-05-1999 90049 014 \*\*\*\*61.25

0036412

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 812328**

1. Corporation Name  
**EL CRISTOBAL, INC.**

Principal Place of Business  
537 BAYSHORE DR.  
FT. LAUDERDALE FL 33304

Mailing Address  
C/O SMITH  
537 BAYSHORE DR  
FT. LAUDERDALE FL 33304  
US



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 P. O. Box 7503		11/12/1957	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Ft. Lauderdale, FL		65-0189498	
24 Country		29 Zip 33338		30 Country USA	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SMYTH, THOMAS F. 537 BAYSHORE DRIVE FT LAUDERDALE FL 33304				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SMYTH, THOMAS		1.2 NAME	Daniel Flannery	
STREET ADDRESS	537 BAYSHORE DRIVE		1.3 STREET ADDRESS	537 Bayshore Dr.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		1.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	SD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOYLE, MRS EILEEN		2.2 NAME	Nancy Decker	
STREET ADDRESS	537 BAYSHORE DRIVE		2.3 STREET ADDRESS	537 Bayshore Dr.	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000		2.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE	VD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DEBELLA, ROBERT		3.2 NAME	Helen Tomasko	
STREET ADDRESS	3824 KIOKA AVENUE		3.3 STREET ADDRESS	537 Bayshore Dr.	
CITY-ST-ZIP	COLUMBUS, OHIO 0		3.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME			4.2 NAME	Lillian Smyth	
STREET ADDRESS			4.3 STREET ADDRESS	537 Bayshore Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Ft. Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I 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, with all other like empowered.

**SIGNATURE:** *Daniel F. Flannery* **SIGNATURE REQUIRED**  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/29/99

454-561-8565

Date

Daytime Phone #

CR2E037 (1/98)