	THE NOW.	EII ING	FEE IS \$61	25							
	PROFIT	FILINU	FLORIDA DEPAR			ATE					
				B. Morthan				_			
CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State						.		•	. •		
2						S					
<u> 19</u>	96	90 W1	/\				-				
DOCUME 1. Corporation Na	ame)4449	(7)								
AMERICAN CATHOLIC CHURCH - SANTUARIO DE LA CARID AD DEL COBRE, INC											
Principal Place of	Business		Mailing Address				1 10011110	\			
241 E. 54TH ST.	DATE BATH ST							1			
HIALEAH FL 330			HIALEAH FL 33013-143	0				3a. Date of Last Report			
							3. Date Incorporated or Qualified 07/30/1984		05/24/199		
							4. FEI Number			lied For	
2. Principal Place	e of Business	- -	2a. Mailing Address 26				59-2567893 Not Applicable				
Suite, Apt. #,	etc.	2	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 A Fee Re	quired	
City & State			City & State				6. Election Campaign Financing		\$5.00 Added to		
23 City & State		2					Trust Fund Contribution				
Zip Country			Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No				
24	9. Name and Addre		9 Agent		Τ.—		10. Name and Address of New F	Registered	Agent		
11. Pursuant to or registere	the provisions of Secti	ons 617.0502 and State of Florida. ations of, Section	d 617, 1508, Florida Stat Such change was autho 617,0503, Florida Statut	utes, the al rized by the es.	bove-re corp	'	oration submits this statement for the pu and of directors. I hereby accept the app	rpose of coointment a		Gode gistered office gent. I am	
					red Age	nt signature requir	red when reinstating)	DATE			
	Signature, typed or printed name	of registered agent and DFFICERS AND D	and it oppositions	1:		n ag to a a a	ADDITIONS/CHANGES TO OF	FICERS A	ND DIRECTOR	S IN 12	
12.		OFFICERS AND E	DELETE	1.1	1 TITLE				Change	Modition.	
TITLE NAME	PD ANGULO, ENRIQI	JE		1.3	2 NAME						
STREET ADDRESS	241 E 54 ST.	E-1		1.3	3 STREE	T ADDRESS					
CITY-ST-ZIP	HIALEAH FL				4 CITY -				Change	Addition	
TITLE	VD ,		DELETE		1 TITLE 2 NAME	Ļ					
NAME	ANGULO, ENRIQ					ET ADDRESS					
STREET ADDRESS	1765 W. 42ND P	L #120				-ST-ZIP					
CITY - ST - ZIP	HIAI FAH FL		DELETE		1 TITLE				Change	Addition	
TITLE		•	<u></u>	3	3.2 NAME	E → }	•				
NAME STREET ADDRESS		2 -1		3	3 3 STRE	ET ADDRESS					
CTTY-ST-ZIP	1 3					-ST-ZIP			☐ Change	Addition	
TITLE BD.	IRENE 241. E. HOLESY	Penc2	DELETE	1	4.1 TITLE				_		
NAME	941. 8	525ナ	•		4 2 NAN	ME EET ADDRESS					
STREET ADDRESS	Walson	troop	12 A			-ST-ZIP					
CITY - ST - ZIP	Hickery!	ナレ・ララ	UIS . DELETE		5 1 TITL				Change	Addition	
TITLE	'			1	5 2 NAM						
NAME						EET ADDRESS					
STREET ADDRESS				1		Y-ST-21P			Chongs	Addition	
CITY-ST-ZIP			DELETE		6 1 TITU	LE ;	3000018 -07/15/960	<u> </u>	5 22 3"		
TITLE NAME					6.2 NA	WE	-07/15/960	1023	-U47		
STREET ADDRESS	; }			ß	63 STF	REET ADDRESS	***61.25				
[SIMEEL ADDRESS	' I										

***61.25

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 certify that the information indicated on this annual report 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 attachoust with an address.

SIGNATURE: