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04-22-1999 90221 012 ****70.00

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N09065

1. Corporation Name

CHRIST FOR ALL THE NATIONS, INC.

Principal Place of Business

2656 S.W. 87TH AVE.
 MIAMI FL 33165

Mailing Address

2656 S.W. 87TH AVE.
 MIAMI FL 33165



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/06/1985

4. FEI Number

59-2531409

Applied For
 Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

6. Election Campaign Financing

\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

PEREZ, IRMA E.
 2656 S.W. 87TH AVE.
 MIAMI FL 33165

10. Name and Address of New Registered Agent

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 DELETE

TITLE PD
 NAME PEREZ, MARCOS P.
 STREET ADDRESS 10440 SW 51 ST.
 CITY-ST-ZIP MIAMI FL

TITLE SD
 NAME PEREZ, IRMA E.
 STREET ADDRESS 10440 SW 51 ST.
 CITY-ST-ZIP MIAMI FL

TITLE VD
 NAME SALOMON, EMMA
 STREET ADDRESS 6457 S.W. 10 TERR
 CITY-ST-ZIP MIAMI FL

TITLE VD
 NAME ESCOBAR, MARIO
 STREET ADDRESS 3890 S.W. 107 AVE.
 CITY-ST-ZIP MIAMI FL

TITLE TD
 NAME DIEQUEZ, ADDYS
 STREET ADDRESS 7220 POINCIANA CT.
 CITY-ST-ZIP HIALEAH FL

TITLE VD
 NAME DIEQUEZ, ANTHONY
 STREET ADDRESS 7220 POINCIANA CT.
 CITY-ST-ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD Change Addition
 NAME PEREZ, IRMA E.
 1.2 NAME PEREZ, IRMA E.
 1.3 STREET ADDRESS 10440 SW 51 ST
 1.4 CITY-ST-ZIP MIAMI, FL 33165

2.1 TITLE SD Change Addition
 2.2 NAME Henry Hugo
 2.3 STREET ADDRESS 16075 SW 112 Ter
 2.4 CITY-ST-ZIP MIAMI, FL 33199

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

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

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

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

Irma E. Perez
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

4/19/99 305-559-0000

Daytime Phone #

CR2E037 (11/98)