FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DCUMENT # N15760

erporation Name

ENOVACION CARISMATICA CATOLICA HISPANA, INC.

ncipal Place of Business

Mailing Address

N.W. 22ND AVENUE DII.FE 33142 500 N.W. 22ND AVENUE MIAMI FL 33142

FILED Feb 10, 1999 8:00am Secretary of State

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	nincipal Place of Business	2a. Mailing Address				3. Date incorporated or Qualified 707/09/1986			
3	ite Apt,#, etc.	Suite, Apt. #, etc.				4. FEI Number Applied For 65-0043686 Not Applicable			
Ċ	C State	City & State	-			5. Certificate of Status Desired 日本			
	Country	Zip 29	Cour	itry		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 1. Added to Fees			
	9. Name and Address of Current	Registered Agent			1	Name and Address of New Registered Agent			
				81	Name				
	AFAELDE LOS REYES 750 S.W. 45TH TERRACE MANN FL 33155			82	Street Address (P.O. Box Number is Not Acceptable)				
				83					
ľ				84	City	FL 85 Zip Code			
Ş	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 forfice or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.								

agent i a NATURE	mpamiliar with, and accept the obligations of decisin of 7.0000, 1 long	au Grandiss.	
NATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE: F	Registered Agent signature re	equired when reinstating) DATE
111 110 1	A THE PART AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
ili i i i i i i	PD DELETE	1.1 TITLE	Change Addition
	RAFAEL DE LOS REYES	1.2 NAME	《新聞報题的關係》 (1911)
	5750 S.W. 46 TERRACE	1.3 STREET ADDRESS	
	MIAMI FL 33155	1.4 CITY-ST-ZIP	
ii ii jaji	STD DELETE	2.1 TITLE	☐ Change ☐ Addition
	MENDIZABAL, MARINA	2.2 NAME	
ET ADERESS	6401 S.W. 107TH COURT	2.3 STREET ADDRESS	
200	MIAMI FL 33173	2.4 CITY-ST-ZIP	受調整機構排除
10	D DELETE	3.1 TITLE	☐ Change ☐ Addition
	RIVERO, JORDI	3.2 NAME	
ADDRESS	2987 WEST FLAGLER ST	3.3 STREET ADDRESS	
31 ZIP	MIAMI FL	3.4. CITY-ST-ZIP	,
ii u .	☐ DELETE	4.1 TITLE	Change Addition
		4. 2 NAME	** ** ** ** ** ** ** ** ** ** ** ** **
ET ADDRESS	16	4.3 STREET ADDRESS	
ST-ZIP	(# .	4.4 CITY-ST-ZIP	1、 京語: 新國語語語與關門語: [25] [1] [1] [2]
11.1	DELETE	5.1 TITLE	, Lange ☐ Addition
	· · ·	5.2 NAME	2. 100 100 100 100 100 100 100 100 100 10
ET ADDRESS		5.3 STREET ADDRESS	The state of the s
ST-ZIP		5.4 CITY-ST-ZIP	a second
in dept	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
		6.2 NAME	
ET ADDRESS		6.3 STREET ADDRESS	
いまなる・(らり つびりゃ	制 50 1 (2011)		1

interably cartify 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 fundamental 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 ordinary birector of the corporation or the receiver or trustee epocyment to execute this report as required by Chapter 617, Florida Statutes and that my name appears in the corporation or the receiver or trustee epocyment to execute this report as required by Chapter 617, Florida Statutes and that my name appears in the corporation or the receiver of the receiver of the corporation or the receiver of the receiver

CNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SHENING OFFICER OR DIRECTOR

1/21/99 305-4467775

CR2E037 (11/98)