

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N18626** (4)

1. Corporation Name  
**CENTRO EVANGELISTICO MISIONERO, INC.**



Principal Place of Business Mailing Address  
**3141 E. 4TH AVE. HIALEAH FL 33013**

3. Date Incorporated or Qualified **01/06/1987** 3a. Date of Last Report **02/09/1995**  
4. FEI Number **57-5650033** Applied For Not Applicable  
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent  
**MENESES, NUBIA  
6445 WEST 24 AVENUE, #15  
HIALEAH 33016**

10. Name and Address of New Registered Agent  
81 Name **ISABEL MESA, D.**  
82 Not Applicable **6206 SW 136th Ct #A108**  
83 **Miami FL 33183**  
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 7.0502 and 17.1508, 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 *Isabel Mesa* **TESAROT - Isabel Mesa - pastor president**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MESA, ISABEL</b>	
STREET ADDRESS	<b>6206 S.W. 136TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MENESES, NUBIA</b>	
STREET ADDRESS	<b>6445 WEST 24 AVE., #15</b>	
CITY-ST-ZIP	<b>HIALEAH FL</b>	
TITLE	<b>T</b>	<input type="checkbox"/> DELETE
NAME	<b>MESA, ALICIA</b>	
STREET ADDRESS	<b>6206 S.W. 136TH COURT</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>President.</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>Mesa Isabel</b>	
1.3 STREET ADDRESS	<b>62.06 SW 136 ct</b>	
1.4 CITY-ST-ZIP	<b>Miami FL</b>	
2.1 TITLE	<b>Secretary. T D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>PEREZ CARLOS RUBEN.</b>	
2.3 STREET ADDRESS	<b>1424 NE 183 ST</b>	
2.4 CITY-ST-ZIP	<b>North Miami Beach FL</b>	
3.1 TITLE	<b>Treasure. T D</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>Perez Adrian Leonardo.</b>	
3.3 STREET ADDRESS	<b>1424 NE 183 ST N. Miami Beach</b>	
3.4 CITY-ST-ZIP	<b>MIAMI BEACH FL</b>	
4.1 TITLE	<b>VOCAL.</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	<b>Mesa Alicia.</b>	
4.3 STREET ADDRESS	<b>62.06 SW 136 ct</b>	
4.4 CITY-ST-ZIP	<b>MIAMI FL</b>	
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>800001745218</b>	
5.3 STREET ADDRESS	<b>-03/15/96--01037--023</b>	
5.4 CITY-ST-ZIP	<b>***61.25</b>	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>M.M.</b>	
6.3 STREET ADDRESS	<b>3-14-96</b>	
6.4 CITY-ST-ZIP		

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 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: *Isabel Mesa* **1-22-96** **693-6423**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)