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Jun 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N18626 (4)  
1. Corporation Name  
CENTRO EVANGELISTICO MISIONERO, INC.



Principal Place of Business Mailing Address  
3141 EAST 4 AVENUE HIALEAH FL 33013 3141 EAST 4 AVENUE HIALEAH FL 33013-3211

3. Date Incorporated or Qualified 01/06/1987 3a. Date of Last Report 03/14/1996

2. Principal Place of Business 2a. Mailing Address  
21 CENTRO EVANG Mis. Inc 26 31-41 E 4th Ave  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 31-41 E 4th Ave 27 Hialeah FL  
City & State City & State  
23 Hialeah FL 28 33013 FL  
Zip Country Zip City  
24 33013 25 USA 29 30

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

9. Name and Address of Current Registered Agent  
MESA, ISABEL  
3141 EAST 4 AVENUE  
HIALEAH FL 33013

10. Name and Address of New Registered Agent  
Name Martha Mendieta (treasure)  
Street Address (P.O. Box Number is Not Acceptable) 7900 NW 14 AVE  
City Miami FL 85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the 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 *Martha Mendieta* (NOTE: Registered agent signature required when reappointing) DATE 06/10/97

| 12. OFFICERS AND DIRECTORS |                                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|------------------------------------|---|--|
| TITLE                      | PD <input type="checkbox"/> DELETE | 1.1   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MESA, ISABEL                       | 1.2   |  |
| STREET ADDRESS             | 3141 EAST 4 AVENUE                 | 1.3   | STREET ADDRESS   |
| CITY-ST-ZIP                | HIALEAH FL 33013                   | 1.4   | ST-ZIP   |
| TITLE                      | VD <input type="checkbox"/> DELETE | 2.1   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | MESA, ALICIA                       | 2.2   |  |
| STREET ADDRESS             | 3141 EAST 4 AVENUE                 | 2.3   | STREET ADDRESS   |
| CITY-ST-ZIP                | HIALEAH FL 33013                   | 2.4   | ST-ZIP   |
| TITLE                      | TD <input type="checkbox"/> DELETE | 3.1   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | MESA, ADRIAN                       | 3.2   | Mendieta Martha.   |
| STREET ADDRESS             | 3141 EAST 4 AVENUE                 | 3.3   | STREET ADDRESS   |
| CITY-ST-ZIP                | HIALEAH FL 33013                   | 3.4   | ST-ZIP   |
| TITLE                      | SD <input type="checkbox"/> DELETE | 4.1   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PEREZ, CARLOS                      | 4.2   | CASTRO MARITZA.  |
| STREET ADDRESS             | 3141 EAST 4 AVENUE                 | 4.3   | STREET ADDRESS   |
| CITY-ST-ZIP                | HIALEAH FL 33013                   | 4.4   | ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE    | 5.1   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 5.2   |  |
| STREET ADDRESS             |                                    | 5.3   | STREET ADDRESS   |
| CITY-ST-ZIP                |                                    | 5.4   | ST-ZIP   |
| TITLE                      | <input type="checkbox"/> DELETE    | 6.1   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                                    | 6.2   |  |
| STREET ADDRESS             |                                    | 6.3   | STREET ADDRESS   |
| CITY-ST-ZIP                |                                    | 6.4   | ST-ZIP   |

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*Martha Mendieta*  
06/19/97

14. I do 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.

SIGNATURE: *STEFAN... 06 02 97*

CR2E037 (9/96)