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Apr 01 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N19302 (1)
1. Corporation Name
PRIMERA ISLESIA CRISTIANA DAMASCO DE MIAMI, INC.



Principal Place of Business 10021 S.W. 41 TERRACE MIAMI FL 33165 US	Mailing Address 10021 SW 41 ST MIAMI FL 33165 US
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3. Date Incorporated or Qualified 02/18/1987	3a. Date of Last Report 04/25/1996
4. FEI Number 59-2662786	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent
**RAMIREZ, XIOMARA
10021 S.W. 41 STREET
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
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: Rebeca Ramirez Secretary 3-15-97
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DT	<input type="checkbox"/> DELETE
NAME	PEDRO, MICHELENA	
STREET ADDRESS	140 SW 51 AVE.	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	AYALA, MARIA CRISTINA	
STREET ADDRESS	13831 OAK RIDGE DR	
CITY-ST-ZIP	DAVE FL	
TITLE	DP	<input type="checkbox"/> DELETE
NAME	RAMIREZ, XIOMARA	
STREET ADDRESS	10021 S.W. 41ST TERRACE	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SANCHEZ, JOSE	
STREET ADDRESS	8305 SW 10 TERRACE	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAMIREZ, JULIO	
STREET ADDRESS	10021 SW 41 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	5 Rebeca Ramirez
2.3 STREET ADDRESS	3500 SW 130 Ave.
2.4 CITY-ST-ZIP	Miami, FL 33175
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: Rebeca Ramirez 3-15-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)

(305) 599-0700
(305) 531-1380