

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **N19925** (9)  
1. Corporation Name  
**CENTRO CRISTIANO DE ALABANZA, INC.**

95 MAR 15 AM 11:11

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address  
2663 SW 69TH COURT MIAMI FL 33155 2663 SW 69TH COURT MIAMI FL 33155

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/02/1987** 3a. Date of Last Report **04/11/1994**  
4. FBI Number **NOT APPLICABLE** Applied For  Not Applicable

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 Zip 29 Country  
24 25 29 30

5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for Intangible tax under S. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~AUFFANT, JAMES R.~~  
~~2514 E. JACKSON STREET~~  
~~ORLANDO FL 32803.~~

81 Name **BLANCA D. VALEDON**  
82 Street Address (P.O. Box Number is Not Acceptable) **5525 SARDINIA ST**  
83  
84 City **CORAL GABLES** FL 85 Zip Code **33146**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *[Signature]*

Signature, typed or printed name of registered agent and title if applicable.

NOTE: Registered Agent signature required when resigning.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD  
NAME VALEDON, VINCENT  
STREET ADDRESS 9471 SW 15 ST  
CITY-ST-ZIP MIAMI FL

TITLE VD  
NAME DAVILA, JAIRO E.  
STREET ADDRESS 6220 SW 138 CT, APT 102B  
CITY-ST-ZIP MIAMI FL

TITLE TD  
NAME JIMENEZ, EDUARDO  
STREET ADDRESS 9201 SW 105 ST  
CITY-ST-ZIP MIAMI FL

TITLE SD  
NAME RIVERA, BLANCA D.  
STREET ADDRESS 4215 ORTEGA AVE  
CITY-ST-ZIP CORAL GABLES FL

TITLE D  
NAME TORRES, MIRIAM  
STREET ADDRESS 6310 SW 10 TERR  
CITY-ST-ZIP MIAMI FL

TITLE D  
NAME BARRERA, HERNAN  
STREET ADDRESS 6440 SW 138 CT, APT 404  
CITY-ST-ZIP MIAMI FL

1.1 TITLE PD  Change  Addition  
NAME VINCENT VALEDON  
1.2 NAME  
1.3 STREET ADDRESS 5525 SARDINIA ST  
1.4 CITY-ST-ZIP CORAL GABLES, FL 33146

2.1 TITLE VD  Change  Addition  
2.2 NAME JAIRO E. DAVILA  
2.3 STREET ADDRESS 10500 SW 155 CT, APT # 1025  
2.4 CITY-ST-ZIP MIAMI, FL 33196

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

4.1 TITLE SD  Change  Addition  
4.2 NAME BLANCA D. VALEDON  
4.3 STREET ADDRESS 5525 SARDINIA ST  
4.4 CITY-ST-ZIP CORAL GABLES, FL 33146

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

6.1 TITLE D  Change  Addition  
6.2 NAME HERNAN BARRERA  
6.3 STREET ADDRESS 15591 SW 105 TERRACE APT # 525  
6.4 CITY-ST-ZIP MIAMI, FL 33196

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 110.07(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 applicable, or on an attached statement with a checkmark.

SIGNATURE: *[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 22/95 (305) 266-7910

Date Daytime/Evening #