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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

|                                             |                                                                                   |                                                                                                    |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| CORPORATION<br>ANNUAL REPORT<br><b>1995</b> |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|---------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|

|                                                     |            |
|-----------------------------------------------------|------------|
| <b>DOCUMENT #</b> N22792                            | <b>(8)</b> |
| 1. Corporation Name<br><b>CHRISTIAN POWER, INC.</b> |            |

|                                                                                 |                                                                     |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|
| Principal Place of Business<br><b>828 NE 120 ST.<br/>BISCAYNE PARK FL 33161</b> | Mailing Address<br><b>828 NE 120 ST.<br/>BISCAYNE PARK FL 33161</b> |
|---------------------------------------------------------------------------------|---------------------------------------------------------------------|

|                                                                                                                                                  |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| DO NOT WRITE IN THIS SPACE                                                                                                                       |                                              |
| 3. Date Incorporated or Qualified<br><b>10/01/1987</b>                                                                                           | 3a. Date of Last Report<br><b>04/29/1994</b> |
| 4. FEI Number<br><b>65-0005877</b>                                                                                                               | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>                                                                                        | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>                                                                  | <b>\$5.00</b> May Be Added to Fees           |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>                                                            | <b>\$68.75</b> Supplemental Fee Not Required |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Zip                 |
| 24 Country                     | 29 Country             |
| 25                             | 30                     |

|                                                                                                                         |
|-------------------------------------------------------------------------------------------------------------------------|
| 9. Name and Address of Current Registered Agent<br><b>GAVIRIA, ISABEL<br/>828 NE 120 ST.<br/>BISCAYNE PARK FL 33161</b> |
|-------------------------------------------------------------------------------------------------------------------------|

|                                                       |
|-------------------------------------------------------|
| 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 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 Isabel Gaviria DATE \_\_\_\_\_  
Signature of individual or institutional registered agent and title 4 application (NOTE: Registered Agent signature required when reappointing)

| 12. OFFICERS AND DIRECTORS |                        | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|------------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | D                      | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SOUTHWELL, DAVID       | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 16875 NW 57TH AVE.     | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MIAMI FL 33155         | 1.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | PD                     | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GAVIRIA, ISABEL        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 828 NE 120 ST.         | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | BISCAYNE PARK FL 33161 | 2.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      | VD                     | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | PINEDA, OSCAR          | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 11420 SW 43RD ST.      | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            | MIAMI FL 33165         | 3.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                        | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                        | 4.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                        | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                        | 5.4 CITY - ST - ZIP                                   |                                                                   |
| TITLE                      |                        | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                        | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                        | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY - ST - ZIP            |                        | 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 Gaviria ISABEL GAVIRIA 4/13/95 891-8985  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR