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FILED

Mar 28 1997 8:00am  
Secretary of StateNONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONSDOCUMENT # **N22792** (8)

1. Corporation Name

**CHRISTIAN POWER, INC.**

Principal Place of Business

Mailing Address

**828 NE 120 ST.  
BISCAYNE PARK FL 33161****828 NE 120 ST.  
BISCAYNE PARK FL 33161-6314**3. Date Incorporated or Qualified  
**10/01/1987**3a. Date of Last Report  
**04/03/1996**

4. FEI Number

**65-0005877**Applied For  
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City &amp; State

27 City &amp; State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐**\$8.75** Additional  
Fee Required6. Election Campaign Financing  
Trust Fund Contribution ☐**\$5.00** May Be  
Added to Fees8. 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

**GAVIRIA, ISABEL  
828 NE 120 ST.  
BISCAYNE PARK FL 33161**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

**FL**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

## 12. OFFICERS AND DIRECTORS

## 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **ST** ☐ DELETE  
NAME **CLARAVESA, RENE**  
STREET ADDRESS **6965 SW 117 AVE**  
CITY- ST- ZIP **MIAMI FL**1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY- ST- ZIPTITLE **PD** ☐ DELETE  
NAME **GAVIRIA, ISABEL**  
STREET ADDRESS **828 NE 120 ST.**  
CITY- ST- ZIP **BISCAYNE PARK FL 33161**2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY- ST- ZIPTITLE **VD** ☐ DELETE  
NAME **PINEDA, OSCAR**  
STREET ADDRESS **11420 SW 43RD ST.**  
CITY- ST- ZIP **MIAMI FL 33165**3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY- ST- ZIPTITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP6.1 TITLE ☐ Change ☐ 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # **305-891-5196**

CR2E037 (9/96)