DOCUMENT # N32208 FILED Jan 24, 2000 8:00 am ASAMBLEA EVANGELICA DE HIALEAH INC. **Secretary of State** 01-24-2000 90008 038 ****61.25 Principal Place of Business Mailing Address 691 EAST 27 ST 691 EAST 27 ST MIAMI FL 36301 HIALEAH FL 33013-3637 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State City & State 4. FEI Number Applied For 65-0119354 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent Street Address (P.O. Box Number is Not Acceptable) RAFAEL, MIRO C. 6291 S.W. 6 STREET MIAMI FL 33144 Zip Code City 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida. **SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW: 9. Election Campaign Financing \$5.00 May Be Make Check Pavable to Trust Fund Contribution. Added to Fees Department of State **FEE IS \$61.25** ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10. 11. ☐ Addition TITLE ☐ Delete TITLE Change PAREDEZ, CARLOS NAME NAME STREET ADDRESS STREET ADDRESS 691 EAST 27 ST CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Change Addition Delete TITLE TITLE NAME MIRO. CARLOS RAFAEL NAME STREET ADDRESS STREET ADDRESS 6291 S.W. 6 STREET CITY-ST-ZIP. CITY-ST-ZIP MIAMI FL-TITLE Delete TITLE Change ☐ Addition SIMON, MARIO NAME NAME STREET ADDRESS STREET ADDRESS 470 £ 59 STREET CITY-ST-ZIP CITY-ST-7/P HIALEAH FL ☐ Change ☐ Addition TITLE SD ☐ Delete TITLE NAME ORLANDO, SANTANA NAME STREET ADDRESS STREET ADDRESS 470 E 57 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Delete TITLE ☐ Change ☐ Addition NAME SANTANA, ORLANDO NAME STREET ADDRESS STREET ADDRESS 470 E. 57 STREET CITY-ST-ZIP CITY-ST-ZIP HIALEAH FL ☐ Delete ☐ Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. I 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 report or supplemental 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 10 or Block 11 if

SIGNATURE: