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NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT #

N32302

(4)

MIAMI	SPANISH FOR CHRIST PR	ODUCTIONS, INC.					
Principal Place	of Business	Mailing Address	···································			I II BI OFOF OIDH DECH	
C/O REX MORGAN 7700 W. 20TH AVE. HIALEAH FL 33016		C/O REX MORGAN 7700 W. 20TH AVE.					
MALEAN FL	. 33016	HIALEAH FL 33016			3. Date Incorporated or Qualified	3a. Date of La	
2. Principal Pl	lace of Business	2a. Mailing Address			05/15/1989 4. FEI Number	<u>  03/18</u>	Applied For
21		26			65-0205248	<u></u>	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.	75 Additional
22		27			U. Commeate of diates besiled		e Required
City & State	€	City & State			Election Campaign Financing     Third Final Contribution		.00 May Be
<i>Z</i> ip	Country	Zip	Country		Trust Fund Contribution  8. This corporation has liability for in	***	ded to Fees
24	25	29	30		Florida Statutes	Yes No	G. 100.00E,
	9. Name and Address of Currer	nt Registered Agent		1	10. Name and Address of New Re	egistered Agent	
			81	Name			
	AN, REX		82	Street Add	ress (P.O. Box Number is Not Acceptable	ө)	
	W 49TH ST. R City FL 33328		83				
COUPE	IN CHIT FL 33320			<u> </u>			_
			84	City		FL   65	Zip Code
ramılar w	to the provisions of Sections 617.0502 red agent, or both, in the State of Flori ith, and accept the obligations of, Sect	2 and 617.1508, Florida Statu da. Such change was authori ion 617.0503, Florida Statute	ites, the above- ized by the corp es.	named corpor coration's boa	ration submits this statement for the purp ard of directors. I hereby accept the appo	oose of changing it intment as register	s registered office ed agent. I am
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (N	IOTE: Registered Age	ent signature require	ed when reinstating)	DATE	
12.	OFFICERS AN		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFI	CERS AND DIREC	TODS IN 12
1111.6	l PD						1000 114 12
		□ DELETÉ	1.1 TITLE			☐ Chang	
NAME	MORGAN, REX	DEFELE	1.2 NAME				
STREET ADDRESS	MORGAN, REX 8908 S.W. 49TH ST.	☐ DELETE	1.2 NAME 1.3 STREE	t address			
STREET ADDRESS CITY ST ZIP	MORGAN, REX 8908 S.W. 49TH ST. COOPER CITY FL	_	1.2 NAME 1.3 STREE 1.4 DITY-	t address		☐ Chang	e Addition
STREET ADDRESS	MORGAN, REX 8908 S.W. 49TH ST. COOPER CITY FL VD	□ OETE1E □ DETE1E	1.2 NAME 1.3 STREE 1.4 DITY- 2 1 TITLE	T ADDRESS ST-ZIP			e Addition
STREET ADDRESS CITY+ST ZIP TITLE	MORGAN, REX 8908 S.W. 49TH ST. COOPER CITY FL VD VALVERDE, EFRAIN	_	1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	T ADDRESS ST-ZIP		☐ Chang	e Addition
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STREET ADDRESS CHY-ST ZIP TITLE NAME STREET ADDRESS	MORGAN, REX 8908 S.W. 49TH ST. COOPER CITY FL VD VALVERDE, EFRAIN 6336 NW 173 TERR. MIAMI FL STD	_	1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE	T ADDRESS ST-ZIP T ADDRESS		☐ Chang	e Addition
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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: REX MOTO ON Ly (Morgan Signature and typed of printer name of signing officer or dyfector

1/24/96 305 824-1074
Destine Proce #

HZEU3/ (12/95)