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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N33169

1. Corporation Name

THE CHRISTIAN MIRACLE FOUNDATION INC.

Principal Place of Business

15328 SW 144 TERR.
MIAMI FL 33196

Mailing Address

15328 SW 144 TERR.
MIAMI FL 33196



2. Principal Place of Business

21 14880 SW 158 ST

2a. Mailing Address

26 14880 SW 158 ST

3. Date Incorporated or Qualified

07/06/1989

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

65-0136880

Applied For

Not Applicable

City & State

23 MIAMI FL

City & State

28 MIAMI FL

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

Zip

Country

24 33187 25 DADE

Zip

Country

29 33187 30 DADE

6. Election Campaign Financing

☐

Trust Fund Contribution

**\$5.00 May Be
Added to Fees**

9. Name and Address of Current Registered Agent

CIFUENTES, MARIA
15328 SW 144 TERR.
MIAMI FL 33196

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME DE LA CRUZ, ERIC
STREET ADDRESS 4321 S.W. 148TH AVE. CT.
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME CIFUENTES, MARIA
STREET ADDRESS 15328 SW 144 TERR
CITY-ST-ZIP MIAMI FL 33196

TITLE D ☐ DELETE
NAME CIFUENTES, AURELIO
STREET ADDRESS 15328 SW 144 TERR.
CITY-ST-ZIP MIAMI FL 33196

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. 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 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)