FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAY 30 [illegible] 9:10

DOCUMENT # N35513 (3)

1. Corporation Name
CRISTO REY COMMUNITY CORP.

Principal Place of Business	Mailing Address
8743 SW 9TH TERRACE. SUITE % 4 MIAMI FL 33174	10131 S.W. 80 AVE MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/06/1989	3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0165592	Applied For / Not Applicable
5. Certificate of Status Desired ☑	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☑	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☑ No	

2. Principal Place of Business	2a. Mailing Address
21 8743 SW 9TERRACE	26 10131 SW. 80 AVE
22 Suite, Apt. #, etc. Suite # 4	27 Suite, Apt. #, etc.
23 City & State MIA MI Florida.	28 City & State MiAMi, FLORIDA.
24 Zip 33174 25 Country U.S.A	29 Zip 33156 30 Country USA.

9. Name and Address of Current Registered Agent

MCGUIRE, THAIS
10021 SW 80TH AVE
MIAMI FL 33156

10. Name and Address of New Registered Agent

81 Name: LOTY ABAD
82 Street Address (P.O. Box Number is Not Acceptable): 10131 SW. 80 AVE
83
84 City: MIAMI FL 85 Zip Code: 33156

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: Gilda Martinez — DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DPT	11 TITLE 05	SECRETARIA	☐ Change ☑ Addition
NAME	MARTINEZ, GILDA	12 NAME	LOTY ABAD	
STREET ADDRESS	10021 SW 80TH AVE	13 STREET ADDRESS	10131 SW. 80 AVE	
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, Fla 33156	
TITLE	DVS	21 TITLE		☐ Change ☐ Addition
NAME	MCGUIRE, THAIS	22 NAME		
STREET ADDRESS	10021 SW 80TH AVE	23 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP		
TITLE	DS	31 TITLE		☐ Change ☐ Addition
NAME	SORA, EFRAIN	32 NAME		
STREET ADDRESS	10021 SW 80TH AVE	33 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: Gilda Martinez DPT. 4/25/95 (305) 2798904
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

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