

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N35513** (3)

1. Corporation Name

CRISTO REY COMMUNITY CORP.



Principal Place of Business

Mailing Address

**8743 SW 9 TERRACE
SUITE #4
MIAMI FL 33174
US**

**10131 SW 80 AVE
MIAMI FL 33156
US**

3. Date Incorporated or Qualified 12/06/1989	3a. Date of Last Report 05/30/1995
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
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 10131 SW 80 AVE	26 10131 SW 80 AVE
Suite, Apt., #, etc.	Suite, Apt., #, etc.
22 MIAMI	27 MIAMI
City & State	City & State
23 FLORIDA	28 FLORIDA
Zip	Zip
24 33156	29 33156
Country	Country
25 USA	30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ABAD, LOTY
10131 SW 80 AVE
MIAMI FL 33156**

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	
85 Zip Code	FL

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	DPT	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, GILDA	1.2 NAME	
STREET ADDRESS	10021 SW 80TH AVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	DVS	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, THAIS	2.2 NAME	
STREET ADDRESS	MIAMI FL	2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	DS	3.1 TITLE	☐ Change ☐ Addition
NAME	SORA, EFRAIN	3.2 NAME	
STREET ADDRESS	10021 SW 80TH AVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	3.4 CITY - ST - ZIP	
TITLE	DS	4.1 TITLE	☐ Change ☐ Addition
NAME	ABAD, LOTY	4.2 NAME	
STREET ADDRESS	10131 SW 80 AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 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)(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:

Gilda Martinez DPT. 1/18/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

305-279-8904
Daytime Phone #

CR2E037 (12/95)