

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 16 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N35513** (3)

1. Corporation Name

CRISTO REY COMMUNITY CORP.



Principal Place of Business	Mailing Address
8620 SW 87 TERRACE MIAMI FL 33143 US	8620 SW 87 TERRACE MIAMI FL 33143 US

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

3. Date Incorporated or Qualified
12/06/1989

4. FEI Number	Applied For
65-0165592	Not Applicable

5. Certificate of Status Desired	☒ \$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution	☐ \$5.00 May Be Added to Fees
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7. Is this nonprofit corporation a homeowners association?
☐ Yes ☒ No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
☐ Yes ☒ No

9. Name and Address of Current Registered Agent
MARTINEZ, GILDA 8620 SW 87 TERRACE MIAMI FL 33143

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MARTINEZ, GILDA	1.2 NAME	
STREET ADDRESS	8620 SW 87 TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	1.4 CITY-ST-ZIP	
TITLE	DVS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	MCGUIRE, THAIS	2.2 NAME	
STREET ADDRESS	8620 SW 87 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	2.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	SORA, EFRAIN	3.2 NAME	
STREET ADDRESS	8620 SW 87 TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	DS ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	ABAD, LOTY	4.2 NAME	
STREET ADDRESS	8620 SW 87 TERRACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	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 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.

SIGNATURE: *Gilda Martinez* **GILDA MARTINEZ** 1/8/98 (305) 225-4434

CR2E037 (10/97)