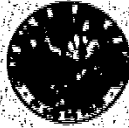


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY -1 AM 11:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N37846 (5)

1. Corporation Name
AMIC-CHRISTIAN INTERNATIONAL MISSIONARY RELIEF, INC.

Principal Place of Business Mailing Address
8201 NW 70TH ST MIAMI FL 33166 US **8201 NW 70TH ST HIALEAH FL 33166 US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1990** 3a. Date of Last Report **05/10/1994**
4. FBI Number **65-0196538** 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. 189.032, Florida Statutes Yes No

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

9. Name and Address of Current Registered Agent
**DIAZ, CARLOS
601 S. ROYAL POINCIANA #35
MIAMI SPRINGS FL 33166**

10. Name and Address of New Registered Agent
B1 Name _____
B2 Street Address (P.O. Box Number is Not Acceptable) _____
B3 _____
B4 City _____ **FL** B5 Zip Code _____

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 _____ 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 DP	NAME DIAZ, CARLOS	1.1 TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 601 S ROYAL POINCIANA #35	CITY - ST - ZIP MIAMI SPRINGS FL	1.2 NAME Fernando Agualimpia	
		1.3 STREET ADDRESS 8201 N.W. 70 St.	
		1.4 CITY - ST - ZIP Miami, Fl. 33166 "N/A"	
TITLE VTD	NAME PRADA, JOHNNY	2.1 TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 7162 W. 17TH COURT	CITY - ST - ZIP HIALEAH FL	2.2 NAME Alejandro Perera	
		2.3 STREET ADDRESS 8310 S.W. 29 St	
		2.4 CITY - ST - ZIP Miami, Fl. 33155	
TITLE SD	NAME DIAZ, OMAIDA	3.1 TITLE Board Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS 601 S ROYAL POINCIANA #35	CITY - ST - ZIP MIAMI SPRINGS FL	3.2 NAME Michelle Perera	
		3.3 STREET ADDRESS 8310 S.W. 29 St.	
		3.4 CITY - ST - ZIP Miami, Fl. 33155	
TITLE	NAME	4.1 TITLE Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	4.2 NAME Indiana Gonzalez	
		4.3 STREET ADDRESS 2628 W 70 Pl.	
		4.4 CITY - ST - ZIP Hialeah, Fl. 33016	
TITLE	NAME	5.1 TITLE DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	5.2 NAME DIAZ, CARLOS	
		5.3 STREET ADDRESS 7168 W 17 Ct.	
		5.4 CITY - ST - ZIP Hialeah, Fl. 33014	
TITLE	NAME	6.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	CITY - ST - ZIP	6.2 NAME DIAZ, OMAIDA	
		6.3 STREET ADDRESS 7168 W 17 Ct.	
		6.4 CITY - ST - ZIP Hialeah, Fl. 33014	

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)(a), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Omaida Diaz* -Omaida Diaz Date: 4.25.95 Daytime Phone #: (305) 591-2436

N37846

**CHRISTIAN INTERNATIONAL
MISSIONARY RELIEF**

P.O. Box 8308 • Hialeah, Florida 33012 • Tel. (305) 591-2424 • Fax. (305) 594-0982

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

7.1 TITLE	VD	<input checked="" type="checkbox"/> Change
7.2 NAME	Prada, Johnny	
7.3 STREET ADDRESS	7162 W 17th Court	
7.4 CITY-ST-ZIP	Hialeah, Fl. 33014	



And if thou draw out thy soul to the hungry, and satisfy the afflicted soul; then shall thy light rise in obscurity,
and thy darkness be as the noon day. *Isalah 58:10*