

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N37846 (5)**

**AMIC-CHRISTIAN INTERNATIONAL MISSIONARY RELIEF, INC.**



Principal Place of Business: 8201 N.W. 70TH STREET, MIAMI FL 33166 US  
Mailing Address: P. O. BOX 8308, HIALEAH FL 33012 US

3. Date Incorporated or Qualified <b>04/26/1990</b>	3a. Date of Last Report <b>05/01/1995</b>
4. FEI Number <b>65-0196538</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent <b>DIAZ, CARLOS 601 S. ROYAL POINCIANA #35 MIAMI SPRINGS FL 33166</b>		10. Name and Address of New Registered Agent	
81 Name	<b>CARLOS DIAZ</b>		
82 Street Address (P.O. Box Number is Not Acceptable)	<b>8201 N.W. 70 St.</b>		
84 City	<b>Miami</b>	85 Zip Code	<b>FL 33166</b>

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	DP <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, CARLOS</b>	1.2 NAME	
STREET ADDRESS	<b>601 S ROYAL POINCIANA #35</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>	1.4 CITY-ST-ZIP	
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PRADA, JOHNNY</b>	2.2 NAME	
STREET ADDRESS	<b>7162 W. 17TH COURT</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	2.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, OMAIDA</b>	3.2 NAME	
STREET ADDRESS	<b>601 S ROYAL POINCIANA #35</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI SPRINGS FL</b>	3.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GONZALEZ, INIANA</b>	4.2 NAME	<b>GONZALEZ, INDIANA</b>
STREET ADDRESS	<b>2628 W 70 PLACE</b>	4.3 STREET ADDRESS	<b>2628 W 70 PL.</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	4.4 CITY-ST-ZIP	<b>HIALEAH, FL.</b>
TITLE	DP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, CARLOS</b>	5.2 NAME	
STREET ADDRESS	<b>7168 W 17 COURT</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	5.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, OMAIDA</b>	6.2 NAME	
STREET ADDRESS	<b>7168 W 17 COURT</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL</b>	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: Carlos Diaz B. **CARLOS DIAZ B.** Date: **4/1/96** Daytime Phone #: **(305)591-2424**

CR2E037 (12/95)