FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N37846

1. Corporation Name. -.

AMIC-CHRISTIAN INTERNATIONAL MISSIONARY RELIEF, INC.

Principal Place of Business 8201 N.W. 70TH STREET MIAMI FL 33166 Mailing Address

P. O. BOX 8308 HIALEAH FL 33012

US

FILED May 04, 1999 8:00 am Secretary of State

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- 03	•			
		•		
2. Principal Place of Business	2a. Mailing Address		3. Date Incorporated or Qualifed	
21 70 S.W 974 AVE	26		04/26/1990	·
Suite, Apt. #, etc.	Suite, Apt. #, etc.	•	4. FEI Number	Applied For
22 Homestead F/ 27			65-0196538	Not Applicable
City & State City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28		`	
Zip Country.	Zip	Country	6. Election Campaign Financing	\$5.00 May Be Added to Fees
24 33030 25 DADE	29 30	<u> </u>	Trust Fund Contribution 10. Name and Address of New Registered A	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name				
	•			<u> </u>
DIAZ, CARLOS		82 Street Address (P.O. Box Number is Not Acceptable) 83		
8201 NW 70TH STREET				
MIAMI FL 33166				
16		84 City		85 Zip Code
			FL	hanging its registered
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 Stepsture, tonad or cristed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Ro 12. OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE: VP	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME PRADA, JOHNNY	**************************************	1.2 NAME		
		1.3 STREET ADDRESS		
I MALEALI EL		1.4 CITY-ST-ZIP	` ·	-
TITLE T	□ DELETE	2.1 TITLE	:	☐ Change ☐ Addition
NAME ROQUE, SILVINA		2.2 NAME		,
440.40 004/ 4007/15 07:		2.3 STREET ADDRESS		1
1844 FL 00477		2.4 CITY-ST-ZIP	1	
City-st-zip MIAMI FL 33177	□ DELETE	3.1 TITLE	PD	Change Addition
1 1 2 2		3.2 NAME	DIAZ CADIOS	
NAME DIAZ, CARLOS	**	3.3 STREET ADDRES	1000 A C-140	
STREET ADDRESS 7168 W 17 COURT	•	3.3 STREET ADURES	HOMESTEAD FL 33030	
40	☐ DELETE	4.1 TITLE	SD SD	Change
1	- December 1	4.1 MLC	1	
NAME DIAZ, OMAIDA STREET ADDRESS 7168 W 17 COURT	1 · · · · · · · · · · · · · · · · · · ·	4.2 NAME, 4.3 STREET ADDRES	DIAZ, OMAIDA 4 E-123	
I HALPALLE				l l
CITY-ST-ZIP HIALEAH FL	☐ DELETE	4.4 CITY-ST-ZIP	HOMESTEAD, FL 33030	Change Addition
TITLE		5.1 IIILE 5.2 NAME		
(NAME		5.3 STREET ADDRES		
STREET ADDRESS		5.4 CITY-ST-ZIP	1	
CITY-ST-ZIP	T DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition
TILE	☐ DELETE	6.2 NAME		
NAME				
STREET ADDRESS		6.3 STREET ADDRES	P	

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 of 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 afternment with an address, with all other like empowered.

SIGNATURE:

HEIGHATURE THE OF PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

04-28-99 (305) 447-4440 Date Daytime Phone #

RZE037 (11/98)