

2001 UNIFORM BUSINESS REPORT (UBR)

FILED
Sep 06, 2001 8:00 am
Secretary of State

09-06-2001 90245 031 ****70.00

DOCUMENT # N37846
 1. Entity Name
 AMIC-CHRISTIAN INTERNATIONAL MISSIONARY RELIEF, INC.
 27132 S. DIXIE HWY. NARANJA, FL. 33032

Principal Place of Business Mailing Address
 27132 S. DIXIE HWY.
 NARANJA, FLORIDA 33032

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2. Principal Place of Business NARANJA, FL.
 Suite, Apt. #, etc.
 3. Mailing Address SAME AS ABOVE
 Suite, Apt. #, etc.

DO NOT WRITE IN THIS SPACE

City & State NARANJA, FL
 Zip 33032 Country U.S.A

4. FEI Number 65-0196538 Applied For Not Applicable
 5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent
~~800-N.E. 12 AVE. # E-123~~
 HOMESTEAD, FL 33030

7. Name and Address of New Registered Agent
 Name AMIC-CHRISTIAN INT'L. MISSIONARY RELIEF
 Street Address (P.O. Box Number is Not Acceptable)
 27132 S. DIXIE HWY
 City NARANJA, FL Zip Code 33032

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.
 SIGNATURE *Carlos Diaz Blanco* 8-28-01
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS \$61.25
 9. Election Campaign Financing Trust Fund Contribution. \$5.00 May Be Added to Fees
 Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP <input type="checkbox"/> Delete PRADA, JOHNY 7162 W. 17 CT. HIALEAH, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T <input type="checkbox"/> Delete ROQUE, SILVINA 11940 S.W. 188 ST. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD <input type="checkbox"/> Delete DIAZ, CARLOS 22831 S.W. 123 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD <input type="checkbox"/> Delete DIAZ, OMAIDA 22831 S.W. 123 AVE. MIAMI, FL
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowerments.

SIGNATURE: Carlos Diaz Blanco 8-28-01 (305) 245-1717
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/00)