


FILE NOW: FILING FEE IS \$61.25

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Apr 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N43075 (3)
1. Corporation Name
CENTRO CRISTIANO VIDA EN ABUNDANCIA A/G, INC.



Principal Place of Business 2840 N.W. 55 AVENUE, #2B LAUDERHILL FL 33313 US	Mailing Address 2840 N.W. 55 AVENUE, #2B LAUDERHILL FL 33313-2533 US
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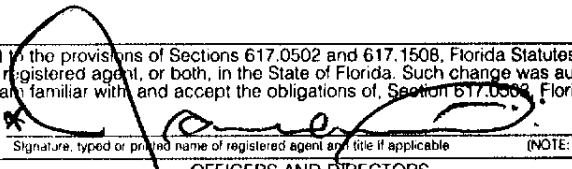
3. Date Incorporated or Qualified 04/19/1991	3a. Date of Last Report 10/31/1996
4. FEI Number 65-0266595	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 CORREA, PAULO A 2840 N.W. 55 AVENUE, #2B LAUDERHILL FL 33313

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 617.0504, Florida Statutes.

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

12. OFFICERS AND DIRECTORS	
TITLE	PD <input type="checkbox"/> DELETE
NAME	CORREA, PAULO ALVES
STREET ADDRESS	2840 N.W. 55 AVENUE, #2B
CITY - ST - ZIP	LAUDERHILL FL 33313
TITLE	VP <input type="checkbox"/> DELETE
NAME	CORREA, ELIANE DACRUZ
STREET ADDRESS	2840 N.W. 55 AVENUE, #2B
CITY - ST - ZIP	LAUDERHILL FL 33313
TITLE	D <input type="checkbox"/> DELETE
NAME	MARQUEZ, LUIS AYRES
STREET ADDRESS	2840 N.W. 55 AVENUE, #2B
CITY - ST - ZIP	LAUDERHILL FL 33313
TITLE	S <input type="checkbox"/> DELETE
NAME	CORREA, PAULO ALVES JR.
STREET ADDRESS	2840 N.W. 55 AVENUE, #2B
CITY - ST - ZIP	LAUDERHILL FL 33313
TITLE	T <input type="checkbox"/> DELETE
NAME	CORREA, ELIANE SILVA
STREET ADDRESS	2840 N.W. 55 AVENUE, #2B
CITY - ST - ZIP	LAUDERHILL FL 33313
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do 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:  SIGNATURE AND PRINTED NAME OF FILING OFFICER DATE Daytime Phone # 0034941

CR2E037 (9/96)