

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45642 (8)
1. Corporation Name CONGREGACION MITA DE FLORIDA, INC.



Principal Place of Business 304 LANCASTER ROAD ORLANDO FL 32809	Mailing Address 304 LANCASTER ROAD ORLANDO FL 32809
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 10/16/1991	3a. Date of Last Report 01/27/1995
4. FEI Number NOT APPLICABLE	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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent * BUENAVENTURA QUINONES 304 LANCASTER ROAD ORLANDO FL 32809	
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10. Name and Address of New Registered Agent	
81 Name ISMAEL SOTO	
82 Street Address (P.O. Box Number is Not Acceptable) 304 W LANCASTER RD	
83 City ORLANDO FL	85 Zip Code 32809

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 *Ismael Soto* DATE **7-9-96**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP MONTERO, JOSE A. 1199 WAKULA WAY ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV TORRES, GUILLERMO 4213 MONARCH DR. ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS MONTERO, MILAGROS 1199 WAKULA WAY ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT TORRES, DAVID 8 PRAIRIE FOX LN, #3650 ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ORTIZ, ELDA SARA 9618 8TH AVE. ORLANDO FL ☐ DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE

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

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: <i>Ismael Soto</i>	DATE: 7/9/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR	

CR2E037 (3/96)