

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # N46438 (0)
1. Corporation Name
CENTRO BIBILICO INTERNACIONAL DE HIALEAH A/G, IN C.



Principal Place of Business 7342 W 20 AVE HIALEAH FL 33016	Mailing Address 7342 W. 20TH AVE. HIALEAH FL 33016-1835 US
--	--

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/13/1991		3a. Date of Last Report 05/01/1996	
21. Suite, Apt. #, etc.		26. Suite, Apt. #, etc.		4. FEI Number 65-0309138		Applied For Not Applicable	
22. City & State		27. City & State		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip		28. Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country		29. Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent ACOSTA, BORIS 6755 NW 169 ST UNIDAD C HIALEAH FL 33015				10. Name and Address of New Registered Agent			
81. Name BORIS ACOSTA				85. Zip Code 33015			
82. Street Address (P.O. Box Number is Not Acceptable) 6755 NW 169 St. Unidad C							
83. City Hialeah				FL			

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 *[Signature]* DATE **Feb. 7 - 97**

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VP	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GARCIA, PEDRO			1.2 NAME	ACOSTA BORIS		
STREET ADDRESS	% 2740 WEST 63RD ST #107			1.3 STREET ADDRESS	6755 NW. 169 ST Unidad C		
CITY-ST-ZIP	HIALEAH FL			1.4 CITY-ST-ZIP	Miami, FL. 33015	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	SD	<input type="checkbox"/> DELETE		2.1 TITLE	VP.		
NAME	GOMEZ, RAFAEL			2.2 NAME	GOMEZ RAFAEL		
STREET ADDRESS	% 2740 WEST 63RD ST #107			2.3 STREET ADDRESS	6755 NW 169 ST Unidad C		
CITY-ST-ZIP	HIALEAH FL			2.4 CITY-ST-ZIP	Miami, fl. 33015	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	TD	<input type="checkbox"/> DELETE		3.1 TITLE	NURY IBARRA BARBOSA		
NAME	IBARRA, NURY			3.2 NAME	2332 W 56 ST #9		
STREET ADDRESS	% 2740 WEST 63RD ST #107			3.3 STREET ADDRESS	Hialeah		
CITY-ST-ZIP	HIALEAH FL			3.4 CITY-ST-ZIP	TD.		
TITLE	PD	<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	ACOSTA, BORIS			4.2 NAME			
STREET ADDRESS	6755 NW 169 ST UNIDAD C			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33015			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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]* DATE **Feb 7/97**

CR2E037 (9/96)