

FILE NOW: FILING FEE IS \$61.25

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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46438** (0)

1. Corporation Name

CENTRO BIBLICO INTERNACIONAL DE HIALEAH A/G, IN C.

Principal Place of Business

Mailing Address

**7342 W 20 AVE
HIALEAH FL 33016**

**7342 W. 20TH AVE.
HIALEAH FL 33016
US**

3. Date Incorporated or Qualified

12/13/1991

4. FEI Number

65-0309138

Applied For
Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BORIS ACOSTA
6755 NW 169 ST UNIDAD C
HIALEAH FL 33015**

81 Name

BORIS ACOSTA

82 Street Address (P.O. Box Number is Not Acceptable)

6755 W 169 ST. UNIDAD C

83

84 City

HIALEAH

85 FL

86 Zip Code

33015

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

Boris Acosta

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **GOMEZ, RAFAEL**
CITY-ST-ZIP **% 2740 WEST 63RD ST #107
HIALEAH FL**

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **ADMINISTRATOR**
1.3 STREET ADDRESS **BULEYMA FORD**
1.4 CITY-ST-ZIP **6595 W 24 COURT #101
HIALEAH, FL. 33016**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **IBARRA, NURY**
CITY-ST-ZIP **% 2740 WEST 63RD ST #107
HIALEAH FL**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **ACOSTA, BORIS**
CITY-ST-ZIP **6755 NW 169 ST UNIDAD C
MIAMI FL 33015**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 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:

Boris Acosta

ABRIL 28/98

CR2037 (10/97)

VPD

RAFAEL GOMEZ
6755 NW 169ST UNIDAD C
MIAMI FL 33015

TD

NURY IBARRA BARBOSA
7868W 29LN APTO #201
HIALEAH, FL 33018