FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR 31 PM 1:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47523 (8)

1. Corporation Name
HOSANNA ASSEMBLY, INC.

Principal Place of Business	Mailing Address
2322 W. CLIFTON ST. TAMPA FL 33603	2322 W. CLIFTON ST. TAMPA FL 33603

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/21/1992
3a. Date of Last Report: 01/21/1994
4. FEI Number: 59-3123373 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 9100 EL Portal	26 9100 EL Portal
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33606 Country 25	Zip 29 33606 Country 30

9. Name and Address of Current Registered Agent

VALDES, RAFAEL
3006 ARMENIA AVE
TAMPA FL 33607

10. Name and Address of New Registered Agent

81 Name RAFAEL Valdes
82 Street Address (P.O. Box Number Is Not Acceptable)
83 1525 River-Shore
84 City TAMPA FL 85 Zip Code 33603

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE Rafael Valdes March 6, 95
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	PTD	1.1 TITLE	PTD ☐ Change ☐ Addition
NAME	VALDES, RAFAEL	1.2 NAME	Valdes Rafael
STREET ADDRESS	1525 RIVER SHORE WAY	1.3 STREET ADDRESS	1525 River shore way
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	TAmpa FL
TITLE	STD	2.1 TITLE	STD ☐ Change ☐ Addition
NAME	RODRIGUEZ, YANIRA	2.2 NAME	Maritza Perez
STREET ADDRESS	5421 RIPPLE CREEK DRIVE	2.3 STREET ADDRESS	4715 el dorado
CITY-ST-ZIP	TAMPA FL 33625	2.4 CITY-ST-ZIP	TAMPA FL 33615
TITLE	VSTD	3.1 TITLE	VSTD ☐ Change ☐ Addition
NAME	QUILES, NILDA	3.2 NAME	Bello Nancy
STREET ADDRESS	1219 E. PALIFOX STREET	3.3 STREET ADDRESS	1525 River shore
CITY-ST-ZIP	TAMPA FL 33603	3.4 CITY-ST-ZIP	TAmpa FL 33603
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	800001449028
STREET ADDRESS		4.3 STREET ADDRESS	-04/06/95--01031--003
CITY-ST-ZIP		4.4 CITY-ST-ZIP	****130.00 ****130.00
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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 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 (changed), or on an attachment with an address.

SIGNATURE: Rafael Valdes 3-25-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0063400