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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **N49380** **(1)**

1. Corporation Name

CATEDRAL DE FE, ~~DE LA ULTIMA COSECHA/INC.~~

Principal Place of Business	Mailing Address
1840 N. GOLDENROD RD. ORLANDO FL 32807	1840 N. GOLDENROD RD. ORLANDO FL 32807-8404

3. Date Incorporated or Qualified: 06/12/1992
3a. Date of Last Report: 10/03/1996

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

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

DIAZ, VICTOR M
1840 N. GOLDENROD RD.
ORLANDO FL 32807

10. Name and Address of New Registered Agent

81 Name: Edward Martinez
82 Street Address (P.O. Box Number is Not Acceptable): 11416 Cardiff Dr.
83 Orlando
84 City: Orlando **FL** 85 Zip Code: 32837

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] Edward Martinez, President 2/5/97
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☑ Addition
NAME	~~DIAZ, VICTOR M~~		1.2 NAME	Edward Martinez	
STREET ADDRESS	~~1840 N GOLDENROD RD~~		1.3 STREET ADDRESS	11416 Cardiff Dr.	
CITY-ST-ZIP	~~ORLANDO FL 32807~~		1.4 CITY-ST-ZIP	Orlando, FL. 32837	
TITLE	SD	☒ DELETE	2.1 TITLE	T TR	☐ Change ☑ Addition
NAME	~~ROMERO, BENJAMIN~~		2.2 NAME	Pedro Padua	
STREET ADDRESS	~~1840 N GOLDENROD RD~~		2.3 STREET ADDRESS	9524 Bandeller Dr.	
CITY-ST-ZIP	~~ORLANDO FL~~		2.4 CITY-ST-ZIP	Orlando, FL. 32817	
TITLE	TD	☒ DELETE	3.1 TITLE	S TR.	☐ Change ☑ Addition
NAME	~~RODRIGUEZ, LUZ B~~		3.2 NAME	Leonardo Gonzalez	
STREET ADDRESS	~~1840 N GOLDENROD RD~~		3.3 STREET ADDRESS	4995 N. Pine Ave	
CITY-ST-ZIP	~~ORLANDO FL 32807~~		3.4 CITY-ST-ZIP	W. Park, FL. 32792	
TITLE		☐ DELETE	4.1 TITLE	TR	☐ Change ☑ Addition
NAME			4.2 NAME	Roman Rodriguez	
STREET ADDRESS			4.3 STREET ADDRESS	601 Egan Dr.	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Orlando, FL. 32822	
TITLE		☐ DELETE	5.1 TITLE	TR	☐ Change ☑ Addition
NAME			5.2 NAME	Porfirio Rivera	
STREET ADDRESS			5.3 STREET ADDRESS	8308 Port Sail St.	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Orlando, FL. 32817	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (9/96)

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] ~~SIGNATURE REQUIRED~~ Edward Martinez 2/26/97 407-277-3013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0016825