FILE NOW: FILING FEE IS $61.25

FILED
Mar 01, 1999 8:00 am
Secretary of State
03-01-1999 90206 031 ****61.25

0017295

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N49380**

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

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 06/12/1992
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number NOT APPLICABLE ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

MARTINEZ, RAQUEL
11416 CARDIFF DR
ORLANDO FL 32837

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	MARTINEZ, RAQUEL		1.2 NAME		
STREET ADDRESS	11416 CARDIFF DR		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		1.4 CITY-ST-ZIP		
TITLE	TTR	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CALDER, YVONNE		2.2 NAME		
STREET ADDRESS	5528 GASDEN GROVE CR		2.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		2. 4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	RENTAS, MARIA V		3.2 NAME		
STREET ADDRESS	8058 MARSH HEN DR		3.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		3.4. CITY-ST-ZIP		
TITLE	TR	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	PEREZ, JOAQUIN		4. 2 NAME		
STREET ADDRESS	8670 SAVORY DR		4.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		4.4 CITY-ST-ZIP		
TITLE	TR	☒ DELETE	5.1 TITLE		☒ Change ☐ Addition
NAME	RIVERA, PORFIRIO		5.2 NAME	TR	
STREET ADDRESS	8308 PORT SAIL ST		5.3 STREET ADDRESS	JUAN MORA	
CITY-ST-ZIP	ORLANDO FL		5.4 CITY-ST-ZIP	4208 F.T. CONRAGE CIR.	
TITLE		☐ DELETE	6.1 TITLE	KISSIMMIEE, FL 34746	☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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, with all other like empowered.

SIGNATURE: Raquel Calder Treasurer 2-4-99 407-277-3013
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #