SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT 1995

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

FILED
95 JUL -7 AM 8:45
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # N50040 (7)

1. Corporation Name

YO SOY EL QUE YO SOY MISIONEROS DE PAZ, CORPORATION

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
7920 WEST 25TH AVENUE HIALEAH FL 33016	7920 WEST 25TH AVENUE HIALEAH FL 33016

3. Date Incorporated or Qualified: 07/24/1992
3a. Date of Last Report: 07/12/1994
4. FEI Number: 65-0351323 ☐ 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 ☒ — FILING FEE IS $61.25
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	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

FERNANDEZ, JOSE
~~7911 N.W. 107TH TERRACE~~
~~MIAMI LAKES FL 33018~~

10. Name and Address of New Registered Agent

61 Name
62 Street Address (P.O. Box Number is Not Acceptable) 3805 S.W. 149 Terrace
63 MIRAMAR
64 City FL 65 Zip Code 33027

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	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	FERNANDEZ, JOSE	1.2 NAME	FERNANDEZ, JOSE
STREET ADDRESS	~~7911 N.W. 107TH TERR.~~	1.3 STREET ADDRESS	3805 S.W 149 Terrace
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIRAMAR, FL
TITLE	TD	2.1 TITLE	TD ☐ Change ☐ Addition
NAME	FERNANDEZ, SONIA	2.2 NAME	FERNANDEZ, SONIA
STREET ADDRESS	~~7911 N.W. 107TH TERR.~~	2.3 STREET ADDRESS	3805 S.W. 149 Terrace
CITY-ST-ZIP	~~MIAMI FL~~	2.4 CITY-ST-ZIP	MIRAMAR, FL
TITLE	SD	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	FERNANDEZ, MAYRI	3.2 NAME	FERNANDEZ, MAYRI
STREET ADDRESS	~~7911 N.W. 107TH TERRACE~~	3.3 STREET ADDRESS	4460 S.W. 152 Avenue
CITY-ST-ZIP	~~MIAMI LAKES FL~~	3.4 CITY-ST-ZIP	MIRAMAR, FL
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
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	

CR2E037 (3/95)

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)(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: _____ 6-29-95 (305) 885-7223
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006006