FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

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

DOCUMENT # N50338 (5)

1. Corporation Name
CHRISTIAN EXTENSION MINISTRIES, INC

Principal Place of Business	Mailing Address
435 HIALEAH DR #2 HIALEAH FL 33010 US	435 HIELAH DR #2 HIALEAH FL 33010 US

3. Date Incorporated or Qualified: 06/12/1992	3a. Date of Last Report: 03/17/1995
4. FEI Number: 65-0347808	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21 13225 SW 11 Ter.	26 Same
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI FL.	28 City & State
24 Zip: 33184 25 Country: US	29 Zip 30 Country

9. Name and Address of Current Registered Agent

MARINO, OSVALDO OSCAR
435 HIALEAH DR.
SUITE 3
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name: SAME
82 Street Address (P.O. Box Number is Not Acceptable): 13225 SW 11 Ter.
83
84 City: MIAMI FL 85 Zip Code: 33184

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 _____ 1/23/96
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	D	☐ DELETE	1.1 TITLE	☒ Change ☐ Addition
NAME	MARINO, OSVALDO OSCAR		1.2 NAME	
STREET ADDRESS	1975 CALAIS DR., #2		1.3 STREET ADDRESS	13225 SW 11 Ter. MIA FL 33184
CITY-ST-ZIP	MIAMI BEACH FL		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LARES, GUILLERMO		2.2 NAME	
STREET ADDRESS	5810 SW 132 PL #401		2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL		2.4 CITY-ST-ZIP	
TITLE	ST	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	ESPINOSA, ORESTES		3.2 NAME	
STREET ADDRESS	4220 NW 198 ST.		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	
TITLE	TR	☐ DELETE	4.1 TITLE	☒ Change ☐ Addition
NAME	RUIZ, MONICA		4.2 NAME	
STREET ADDRESS	1975 CALDIS DR. #2		4.3 STREET ADDRESS	13225 SW 11 Ter. MIA FL 33184
CITY-ST-ZIP	MIAMI BEACH FL		4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
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 (12/95)

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)(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 if changed, or on an attachment with an address.

SIGNATURE: _____ 1/23/96 (305) 229-9475
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #