FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name

N50488

(8)

CENTER FOR THE STUDY OF RELIGION IN THE AMERICAS , INC.

Principal Place of Business

Mailing Address

N. HAROOC ASTONIO DALIOS



% MARCOS A 2765 S.W. 321 MIAMI FL 331		2	6 MARCOS ANTONIO F 1765 S.W. 32ND COURT AIAMI FL 33133				3. Date Incorporated or Qualified 08/19/1992	3a. Da	ate of La 05/0	ast Report 1/1995
2. Principal Pla	ice of Business	2a.	Mailing Address				4. FEI Number 65-0417737			Applied For
21			26				05-0417737			Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State			City & State				Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees		
Zip 24	Country 25	Zip Country				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☑ No				
	g. Name and Address of Currer	29 nt Regist	tered Agent				10. Name and Address of New R	egistered	Agent	
					81	Name				
RAMOS.	MARCOS ANTONIO			-	82	Stroot Ac	Idress (P.O. Box Number is Not Acceptab	le)		
2765 S.W. 32ND COURT			5 Street Adi			Sileel Ac	Idiess (17.0. Box Hallied) is Het 1 beeptee	,		
MIAMI F					вз					
***************************************					84	City			85	Zip Code
						ł ,		FL	-	,
or register familiar wit SIGNATURE	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	ida. Such tion 617.	n change was authorize 0503, Florida Statutes.	ea by the c	orp	oration's D	poration submits this statement for the pur pard of directors. I hereby accept the appo	DIRECTION DO	registe	ered agent. I am
	Signature, typed or printed name of registered agen				Agor	nt signature req	uired when reinstating) ADDITIONS/CHANGES TO OFF	DATE	5 DIDE	CTOPS IN 12
12.	OFFICERS AN	ID DIREC	DELETE	13.	1 E		ADDITIONS/CHANGES TO OFF	IGERS AIN	Char	
TITLE	RAMOS, MARCOS ANTONIO	ı	Поселе	1.2 NA						• 🗅
NAME	2765 S.W. 32ND COURT	•			_	I ADDRESS				
STREET ADDRESS	MIAMI FL					ST - ZIP				
CITY-ST-ZIP	n		DELETE	2.1 Til		31-211			Cha	nge 🔲 Addition
NAME	SCHOONOVER, MELVIN E.			2.2 NA		İ				
STREET AUDRESS	8550 S.W. 149TH AVENUE					T ADDRESS				
CITY-ST-ZIP	MIAMI FL			2.40	(TY -	ST-ZIP				
TITLE	D		DELETE	3.1 TH					☐ Cha	nge 🔲 Addition
NAME	DIAZ-POU, FRANCISCO J.			3.2 N/	ME	ŀ				
STREET ADDRESS	2257 S.W. 21ST STREET			3.3 \$1	REE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL			34. C	ΠY-	ST-ZIP				
TITLE			DELETE	4.1 TI	TLE				☐ Cha	nge 🔲 Addition
NAME				4.2 N	AME	:				
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP			- Hosesta			ST-ZIP			☐ Cha	nge
TITLE			DELETE	5.1 1					LI VIII	rigo [_] Abbilion
NAME				5.2 N		- 1				
STREET ADDRESS						T ADDRESS				
CITY-ST-ZIP			□ DELETE	5.4 C		ST-ZIP			[] Cha	ange 🔲 Addition
TITLE			Doctor	6.1 II		- 1				
NAME						ET ADDRESS				
STREET ADDRESS						Į.				
CITY-ST-ZIP	L			6.4 C	IIY-	ST-ZIP	4. for the exemption stated in Section 116	0.7(2)((4)	Iorida S	Statutos I further

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.

Man Glan P SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

april 1/40