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NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

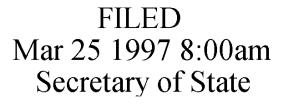
Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 DOCUMENT #
1. Corporation Name

N50488

(8)



CENTER FOR THE STUDY OF RELIGION IN THE AMERICAS , INC.										
Principal Place of Business Mailing Address							II BION BION DION			
% MARCOS AN 2765 S.W. 32ND MIAMI FL 33133	COURT	% MARÇOS ANTOI 2765 S.W. 32ND C MIAMI FL 33133-28	OURT							
WIMMI FE 00103	•	MINMI FE 00100-20	777			3. Date Incorp. 08/19/	orated or Qualified 1992	3a. Date of 05/0	Last Re 1/199	port 6
2. Principal Place of Business Suite, Apt. #, etc.		26. Mailing Address 26 Suite, Apt. #, etc. 27			4. FEI Number 65-04	4. FEI Number 65-0417737 Applied For Not Applied by 5. Certificate of Status Desired \$8.75 Additional Fee Required				
					5. Certificate of					
City & Stat	0	City & State				6. Election Car Trust Fund (mpaign Financing Contribution		5.00 t	
Zip	Country	Zip		Country			ation has liability for in			
4	25]	29	30			Florida Statu	utes 🗀	Yes 🗓 No		
	Name and Address of Currer	nt Registered Agent				10. Name and	Address of New Rec	Istered Agent		
				B1	Name					
RAMOS, MARCOS ANTONIO 2765 S.W. 32ND COURT					Street Address (P.O. Box Number is Not Acceptable)					
MIAMI FI	L 33133			83						
				84	City			FL 85	Zip C	
				he above	e-named c	corporation submits this	s statement for the pi	urpose of chan	ging its	registere
	to the previsions of Sections 617.050 registered agent or both, in the State in familiar with, and accept the oblig	of Florida, Such changestions of Section 617.6	ia Statules, tr ge was autho 0503, Florida	orized by Statutes	the carpo	oration's board of direc	ctors. I hereby accep	the appointment	eni as r	afizieien
						oration's board of direct	ctors. I hereby accep	the appointment	eni as r	
SIGNATURE	Signature, typed or printed name of registered agr	ent and title if applicable	(NOTE: Reg			equired when reinstating)	ctors. I hereby accept	DATE ERS AND DIRE	CTORS	<u> </u>
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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 13 if manged, or on an attachment with an address. 305)

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR