

# 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 # **N93000000722 (9)**

1. Corporation Name

**DIOS ESTA AQUI, INC.**



Principal Place of Business

Mailing Address

**441-C GASTON FOSTER RD  
ORLANDO FL 32512  
US**

**P.O. BOX 720731  
ORLANDO FL 32872**

3. Date Incorporated or Qualified

**02/12/1993**

3a. Date of Last Report

**02/09/1995**

2. Principal Place of Business

2a. Mailing Address

**21 19300 NW 87 PL**

**26 Suite 223**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

**23 Miami FL**

27 City & State

**28 Miami FL**

24 Zip

**33015**

Country

29 Zip

**33015**

Country

30

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, EDGARDO L  
1803 SILVERBRANCH BLVD  
S104  
ORLANDO FL 32822**

81 Name

**KIRCOS MIGUEL ANGEL**

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

**19300 NW**

83

**87 Place**

84 City

**Miami**

85 Zip Code

**33015**

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

Signature, typed, printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
NAME KIRCOS, MIGUEL A  
STREET ADDRESS 1803 SILVERBRANCH BLVD, APT 104  
CITY - ST - ZIP ORLANDO FL**

TITLE ☐ DELETE

**TVP  
NAME BALEKIAN, ANA M  
STREET ADDRESS 1803 SILVERBRANCH BLVD, APT 104  
CITY - ST - ZIP ORLANDO FL**

TITLE ☐ DELETE

**D  
NAME LOPEZ, EDGARDO L  
STREET ADDRESS 1803 SILVERBRANCH BLVD  
CITY - ST - ZIP ORLANDO FL**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

TITLE ☐ DELETE

**NAME  
STREET ADDRESS  
CITY - ST - ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☒ Change ☐ Addition

**PD  
NAME KIRCOS MIGUEL ANGEL  
STREET ADDRESS 19300 NW 87 PL  
CITY - ST - ZIP MIAMI, FL. 33015**

21 TITLE ☒ Change ☐ Addition

**TVP  
NAME BALEKIAN, ANA M  
STREET ADDRESS 19300 NW 87 PL  
CITY - ST - ZIP MIAMI FL 33015**

31 TITLE ☒ Change ☐ Addition

**D  
NAME LAGO PABLO  
STREET ADDRESS 781 W 80 ST  
CITY - ST - ZIP HIALEAH FL 33014**

41 TITLE ☐ Change ☐ Addition

**4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP**

51 TITLE ☐ Change ☐ Addition

**5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP**

61 TITLE ☐ Change ☐ Addition

**6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP**

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/22/96**

**305-8298070**

Date

Daytime Phone #

CR2E037 (12/95)