

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # N93000003888 (5)
1. Corporation Name
CHRISTIAN NUTRITION COUNSELORS ASSOCIATION, INC.

FILED
1995 JUL 20 AM 10:18
TALLAHASSEE, FLORIDA

Principal Place of Business 11420 SW 43 ST MIAMI FL 33165	Mailing Address 11420 SW 43 ST MIAMI FL 33165
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/27/1993	3a. Date of Last Report 07/28/1994
4. FEI Number N	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 SAME	2a. Mailing Address 26 SAME
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent

**URIARTE, JESUS
701 NW 38 AVE
MIAMI FL 33125**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (Date) _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	BEATO, JUAN L
STREET ADDRESS	7381 SW 104 PATH
CITY ST ZIP	MIAMI FL 33173
TITLE	VD
NAME	PINEDA, OSCAR H
STREET ADDRESS	11420 SW 43 ST
CITY ST ZIP	MIAMI FL 33165
TITLE	SD
NAME	CASTRO, ELIZABETH
STREET ADDRESS	10125 SW 91 TR
CITY ST ZIP	MIAMI FL 33176
TITLE	TD
NAME	VENTURA, AMPARO R
STREET ADDRESS	10897 NW 7 ST #13
CITY ST ZIP	MIAMI FL 33172
TITLE	D
NAME	VALDEZ, SARA
STREET ADDRESS	1069 SW 10 AVE
CITY ST ZIP	MIAMI FL 33145
TITLE	D
NAME	LEE, ROGELIO
STREET ADDRESS	7171 CORAL WAY SUITE 104
CITY ST ZIP	MIAMI FL 33155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 of this report, or on an attachment with an address.

SIGNATURE: Juan L. Beato **JUAN L. BEATO, President - 7/11/95** 305. 553-3052