

FILE NOW: FILING FEE IS \$61.25

FILED

May 06 1998 8:00am
Secretary of State

| | | |
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| NONPROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # **N93000003888 (5)**

1. Corporation Name

CHRISTIAN NUTRITION COUNSELORS ASSOCIATION, INC.

Principal Place of Business

Mailing Address

**11420 SW 43 ST
MIAMI FL 33165**

**11420 SW 43 ST
MIAMI FL 33165**

3. Date Incorporated or Qualified

08/27/1993

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**URIARTE, JESUS
701 NW 36 AVE
MIAMI FL 33125**

81 Name **SAME**

82 Street Address (P.O. Box Number is Not Acceptable)
4100 W. Flagler St. Suite K

83

84 City
Miami

85 Zip Code
FL 33134

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|----------------|----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | BEATO, JUAN L | |
| STREET ADDRESS | 7381 SW 104 PATH | |
| CITY-ST-ZIP | MIAMI FL 33173 | |
| TITLE | VD | <input type="checkbox"/> DELETE |
| NAME | PINEDA, OSCAR H | |
| STREET ADDRESS | 11420 SW 43 ST | |
| CITY-ST-ZIP | MIAMI FL 33165 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CAMBAS, MARIO F | |
| STREET ADDRESS | 12640 SW 18 STREET | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | VENTURA, AMPARO R | |
| STREET ADDRESS | 10897 NW 7 ST #13 | |
| CITY-ST-ZIP | MIAMI FL 33172 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | VALDEZ, SARA | |
| STREET ADDRESS | 1969 SW 19 AVE | |
| CITY-ST-ZIP | MIAMI FL 33145 | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | DIAZ, JORGE I | |
| STREET ADDRESS | 14491 SW 153 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: **Oscar H. Pineda** V/D

April 27, 1998 305-553-3052

CR2E037 (10/97)