

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000004211 (9)

1. Corporation Name

CRISTO PARA TODOS, INC.



Principal Place of Business 7687 W 18TH LN HIALEAH FL 33014	Mailing Address 7687 W 18TH LN HIALEAH FL 33014-3213
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3. Date Incorporated or Qualified 09/13/1993	3a. Date of Last Report 03/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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4. FEI Number 65-0442756	Applied For 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLLOCA, ROBERTO 7687 W 18TH LN HIALEAH FL 33014	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	DP
NAME	PALACIOS, FRANCISCO
STREET ADDRESS	3210 SW 24TH ST
CITY-ST-ZIP	MIAMI FL 33145
TITLE	DV
NAME	CRUZ, HUMBERTO
STREET ADDRESS	3001 NW 167TH TER
CITY-ST-ZIP	MIAMI FL
TITLE	DS
NAME	COLLOCA, ROBERTO
STREET ADDRESS	7687 W 18TH LN
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	DV
NAME	DELGADO, ALBERTO
STREET ADDRESS	7800 SW 56TH ST
CITY-ST-ZIP	MIAMI FL 33155
TITLE	DT
NAME	AGUERO, OSCAR
STREET ADDRESS	439 HIALEAH DR
CITY-ST-ZIP	HIALEAH FL
TITLE	DV
NAME	VERA, JOSE M
STREET ADDRESS	5780 SW 17TH ST
CITY-ST-ZIP	MIAMI FL 33155

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
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 do 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 in an attachment with an address.

SIGNATURE:  ROBERTO COLLOCA 12-12-97 (305)593-0113

CR2E037 (9/96)