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Mar 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N93000004211 (9)**

1. Corporation Name

CRISTO PARA TODOS, INC.



Principal Place of Business 7087 W 18TH LN HIALEAH FL 33014	Mailing Address 7087 W 18TH LN HIALEAH FL 33014
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3. Date Incorporated or Qualified 09/13/1993
4. FEI Number 65-0442756
Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 15421 DURNFORD DRIVE	2a. Mailing Address 26 15421 DURNFORD DRIVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIAMI LAKES, FL.	City & State 28 MIAMI LAKES, FL.
Zip 24 33014	Country 25 DADE
Zip 29 33014	Country 30 DADE

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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent COLLOCA, ROBERTO 7087 W 18TH LN HIALEAH FL 33014	
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10. Name and Address of New Registered Agent 81 Name ROBERTO Colloca 82 Street Address (P.O. Box Number is Not Acceptable) 15421 DURNFORD DRIVE 83 84 City MIAMI LAKES, FL 85 Zip Code 33014	
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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 **ROBERTO COLLOCA** *[Signature]* **3-10-98**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstalling) DATE

12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP PALACIOS, FRANCISCO 3210 SW 24TH ST MIAMI FL 33145 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV CRUZ, HUMBERTO 3001 NW 187TH TER MIAMI FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS COLLOCA, ROBERTO 7687 W 18TH LN HIALEAH FL 33014 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV DELGADO, ALBERTO 7800 SW 56TH ST MIAMI FL 33155 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT AGUERO, OSCAR 439 HIALEAH DR HIALEAH FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DV VERA, JOSE M 5780 SW 17TH ST MIAMI FL 33155 <input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	DP JULIO SIERRA 8893 S.W. 133 PLACE MIAMI, FL. 33175 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	DS ROBERTO Colloca 15421 DURNFORD DRIVE MIAMI LAKES, FL. 33014 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	D.V. SILVIA FERNANDEZ 7525 N.W. 8 ST. MIAMI, FL. 33126 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	D.V. MARCOS PEREZ 2656 S.W. 87 AVE MIAMI, FL. 33165 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	DT JOSE M. VERA 5780 S.W. 17 ST. MIAMI, FL. 33155 <input type="checkbox"/> Change <input type="checkbox"/> Addition

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: *[Signature]* **2-4-98 (306) 593-0113**

CR2E037 (10/97)