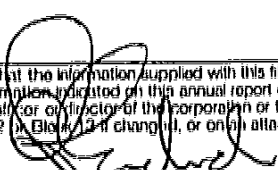


FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS		FILED SECRETARY OF STATE DIVISION OF CORPORATIONS 95 MAY -1 AM 8:54	
DOCUMENT # N93000004547 (6) 1. Corporation Name CENTRO EVANGELISTICO RENUENO, INC.					
Principal Place of Business 3200 S UNIVERSITY DR # 16 MIRAMAR FL 33025 US		Mailing Address P.O. BOX 170187 HALEAH FL 33017-0187		DO NOT WRITE IN THIS SPACE	
2. Principal Place of Business 21 3280 S University Dr.		2a. Mailing Address 26 Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/07/1993	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		3a. Date of Last Report 05/01/1994	
23 City & State MIAMI FL		28 City & State		4. FBI Number 65-0427338	
24 Zip 33025		25 Country USA		Applied For Not Applicable	
26 Zip		27 Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
28 Zip		29 Country		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
30 Zip		31 Country		7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ \$68.75 Supplemental Fee Not Required	
32 Zip		33 Country		8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No	
9. Name and Address of Current Registered Agent MADRID, LUIS EDUARDO 4955 N.W. 199 ST. # 16 MIAMI FL 33055				10. Name and Address of New Registered Agent	
				01 Name	
				02 Street Address (P.O. Box Number is Not Acceptable)	
				03	
				04 City	
				05 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)					
DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D			11 TITLE ☐ Change ☐ Addition		
NAME MADRID, LUIS EDUARDO			12 NAME		
STREET ADDRESS 4955 N.W. 199 ST., SUITE 16			13 STREET ADDRESS		
CITY - ST - ZIP MIAMI FL			14 CITY - ST - ZIP		
TITLE D			21 TITLE ☐ Change ☐ Addition		
NAME MADRID, TERESA			22 NAME		
STREET ADDRESS 4955 N.W. 199 ST., SUITE 16			23 STREET ADDRESS		
CITY - ST - ZIP MIAMI FL			24 CITY - ST - ZIP		
TITLE D			31 TITLE ☐ Change ☐ Addition		
NAME SANCHEZ, NOEL			32 NAME		
STREET ADDRESS 7655 ALHAMBRA BLVD.			33 STREET ADDRESS		
CITY - ST - ZIP MIAMI FL 33023			34 CITY - ST - ZIP		
TITLE			41 TITLE ☐ Change ☐ Addition		
NAME			42 NAME		
STREET ADDRESS			43 STREET ADDRESS		
CITY - ST - ZIP			44 CITY - ST - ZIP		
TITLE			51 TITLE ☐ Change ☐ Addition		
NAME			52 NAME		
STREET ADDRESS			53 STREET ADDRESS		
CITY - ST - ZIP			54 CITY - ST - ZIP		
TITLE			61 TITLE ☐ Change ☐ Addition		
NAME			62 NAME		
STREET ADDRESS			63 STREET ADDRESS		
CITY - ST - ZIP			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 110.07(3)(k), Florida Statutes. I further certify that the information reported 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  Luis E. Madrid. 4/23/96 (305) 621-7942					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					