

FILE NOW: FILING FEE IS \$61.25

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Sep 18 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 # **N93000004547 (6)**  
1. Corporation Name  
**CENTRO EVANGELISTICO RENUEVO, INC.**

Principal Place of Business Mailing Address  
**4955 N.W. 199 St. #16 SAME**  
**MIAMI FLA. 33055**

2. Principal Place of Business 21 <b>4955 N.W. 199 ST.</b> Suite, Apt. #, etc. 22 <b># 16</b> City & State 23 <b>MIAMI, FLORIDA</b> Zip Country 24 <b>33055</b>	2a. Mailing Address 26 <b>4955 N.W. 199ST.</b> Suite, Apt. #, etc. 27 <b># 16</b> City & State 28 <b>MIAMI, FLORIDA</b> Zip Country 29 <b>33055</b>
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3. Date Incorporated or Qualified <b>10/07/1993</b>	3a. Date of Last Report <b>01/17/96</b>
4. FEI Number <b>65-0427338</b>	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MADRID, LUIS EDUARDO</b> <b>4955 N.W. 199 St. # 19</b> <b>MIAMI, FLORIDA. 33055</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (Signature, typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when re-instating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Madrid, Luis Eduardo</b>	1.2 NAME	
STREET ADDRESS	<b>4955 N.W. 199 St. #16</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, Fla. 33055</b>	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Madrid, Teresa</b>	2.2 NAME	
STREET ADDRESS	<b>4955 N.W. 199 St. #16</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miami, Fla. 33055</b>	2.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D Sanchez, Noel</b>	3.2 NAME	
STREET ADDRESS	<b>7655 Alhambra Blvd.</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miramar, Fla. 33023</b>	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>Sanchez, Esther</b>	4.2 NAME	
STREET ADDRESS	<b>7655 Alhambra Blvd.</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>Miramar, Fla. 33023</b>	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>D</b>	5.2 NAME	<b>Betancourt, Julio C.</b>
STREET ADDRESS		5.3 STREET ADDRESS	<b>4955 N.W. 199 St. # 36</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>Miami, Fla. 33055</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, unchanged, or on an attachment with an address.

SIGNATURE:  **Luis E. Madrid** 09/11/97 (305)621-7942  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/96)