

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

1999 DOCUMENT # N9300004547

1. Corporation Name

CENTRO EVANGELISTICO RENUEVO, INC.

Principal Place of Business

4955 N.W. 199 ST. #16

MIAMI FL 33055 US Mailing Address

4955 N.W. 199 ST.

MIAMI FL 33055

US

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90009 042 ****70.00



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Status Desired Fee Required Fe				
Zip Country Zip Country Co				
Added to Fees 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name MADRID, LUID EDUARDO 4955 N.W. 199 ST. 419 MAMR FL 33055 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 Change is registered agent, or both, in the State of Forida. Such changes agent and the provisions of Sections 617,0502 and 617,1508, Florida Statutes, the above-named corporation submits this statement for the purpose of Change is registered diffice or registered agent, or both, in the State of Forida. Such changes agent and the provisions of Sections 617,0502 and 617,0503, Florida Statutes. 11. Pursuant to the provisions of Sections 617,0502 and 617,0503, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 15. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 16. ASSIGNMENT AND THE SECTION OFFICERS AND DIRECTORS IN 12. 17. OFFICERS AND DIRECTORS IN 13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. NAME MADRID, FURSA 19. STREET ADDRESS 10. STREET ADDRESS 10. STREET ADDRESS 11. ADDRESS AND THE SECTION OF THE SECTION	Zip Country Zip	Country		
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TITLE	SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (N	OTE: Registered Agent signatu	ile ledanes alles remained)	
MADRID, LUIS EDUARDO 12 NAME 3955 N.W. 199 ST., SUITE 16 13 STREET ADDRESS 4955 N.W. 199 ST., SUITE 16 14 CTY-ST-ZIP	12. OFFICERS AND DIRECTORS	13.		
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14. I hereby certify that the information supplied with this filing does no 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 supplied with this filing does no 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 supplied with this filing does no 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 supplied with this filing does no 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 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 supplied with the 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 supplied with the 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 supplied with the information indicated on this annual report of the certify that the information indicated on this annual report of the certify that the information indicated on this annual report of the certify that the information indicated on this annual report of the certify that the information indicated on this annual report of the certify that the information indicated on this annual report of the certify that the information indicated on this annual report of the certify that the information indicated on this annual report of the certify that the information indicated on this annual report of the certification indicated on the information indicated on the certification indicated on the certificati

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

pral 29 99 (305) 621-7942

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