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

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

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # N93000004547**

1. Corporation Name

**CENTRO EVANGELISTICO RENUENO, INC.**

Principal Place of Business

4955 N.W. 199 ST.  
#16  
MIAMI FL 33055  
US

Mailing Address

4955 N.W. 199 ST.  
#16  
MIAMI FL 33055  
US



2. Principal Place of Business

21 16347 N.W. 57th AVE

Suite, Apt. #, etc.

22

City & State

23 MIAMI FLA

Zip

24 33014

Country

25 U.S.A.

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

3. Date Incorporated or Qualified

10/07/1993

4. FEI Number

65-0427338

Applied For

Not Applicable

5. Certificate of Status Desired

☒

**\$8.75 Additional Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be Added to Fees**

Trust Fund Contribution

9. Name and Address of Current Registered Agent

MADRID, LUIS EDUARDO  
4955 N.W. 199 ST.  
# 19  
MIAMI FL 33055

10. Name and Address of New Registered Agent

81 Name

MADRID, LUIS EDUARDO

82 Street Address (P.O. Box Number is Not Acceptable)

4955 N.W. 199 ST # 16

83

84 City

MIAMI

FL

85 Zip Code

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MADRID, LUIS EDUARDO  
STREET ADDRESS 4955 N.W. 199 ST., SUITE 16  
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ DELETE

NAME MADRID, TERESA  
STREET ADDRESS 4955 N.W. 199 ST., SUITE 16  
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ DELETE

NAME BETANCOURT, JULIO C  
STREET ADDRESS 4955 N.W. 199 ST. #36  
CITY-ST-ZIP MIAMI FL 33055

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, with all other like empowered.

SIGNATURE:

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 29/99 (305) 621-7942

Date

Daytime Phone #

CR2E037 (1/98)