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Jan 22 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N93000005770 (3)

1. Corporation Name

CENTRO CRISTIANO RESTAURACION, INC.

Principal Place of Business

Mailing Address

**1955 TROPIC BAY CT
ORLANDO FL 32807**

**1955 TROPIC BAY CT
ORLANDO FL 32807-6392**



3. Date Incorporated or Qualified
12/27/1993

3a. Date of Last Report
06/24/1996

2. Principal Place of Business

2a. Mailing Address

21 **452 N. SEMORAN BLVD**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

City & State

23 **Orlando FL**

28 City & State

Zip

Country

Zip

Country

24 **32807**

25

USA

29

30

4. FEI Number
59-3219309

Applied For
Not Applicable

5. Certificate of Status Desired



**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution



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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MOYA, JOSE T
1955 TROPIC BAY CT
ORLANDO FL 32807**

81 Name

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

83

84 City

FL

85 Zip Code

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **TSD** ☐ DELETE
NAME **GONZALEZ, MICHAEL D**
STREET ADDRESS **617 KITTREDGE DRIVE**
CITY-ST-ZIP **ORLANDO FL 32805**

1.1 TITLE **S.O** ☒ Change ☐ Addition
1.2 NAME **Gonzalez, Michael D.**
1.3 STREET ADDRESS **7920 Tumbleweed Court**
1.4 CITY-ST-ZIP **ORLANDO FL 32822**

TITLE **PD** ☐ DELETE
NAME **MOYA, JOSE T**
STREET ADDRESS **1955 TROPIC BAY COURT**
CITY-ST-ZIP **ORLANDO FL 32807**

2.1 TITLE **Pablo Millan** ☐ Change ☒ Addition
2.2 NAME **T.D**
2.3 STREET ADDRESS **8108 SUMMERWIND DRIVE**
2.4 CITY-ST-ZIP **WINTER PARK FL 32792**

TITLE **D** ☐ DELETE
NAME **SALDANA, MYRIAM**
STREET ADDRESS **830 VISTA PALMA WAY**
CITY-ST-ZIP **ORLANDO FL 32825**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/8/97

Date

(407) 382-2056

Daytime Phone # **0016834**

CR2E037 (9/96)