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May 06 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000000449 (8)

1. Corporation Name

CHRISTIAN INTERNATIONAL ALLIANCE, INC.



Principal Place of Business	Mailing Address
0431 FONTAINEBLEAU BLVD. STE-207 MIAMI FL 33172	0431 FONTAINEBLEAU BLVD. STE-207 MIAMI FL 33172

3. Date Incorporated or Qualified	01/20/1994
4. FEI Number	65-0463968
Applied For	Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 12260 S.W. 8 Street Suite, Apt. #, etc. 22 Ste. 220. City & State 23 Miami FL. Zip 24 33184	25 12260 S.W. 8 Street Suite, Apt. #, etc. 26 Ste. 220 City & State 27 Miami FL. Zip 28 33184
Country 25 U.S.A.	Country 28 U.S.A.

5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ESTEVEZ, ANDRE S 0431 FONTAINEBLEAU BLVD. STE-207 MIAMI FL 33172	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
Estevex, Andre S. 12260 S.W. 8 Street. Ste 220 Miami, FL 33184	FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	
NAME	CALVO, RENE R	1.2 NAME	
STREET ADDRESS	171 W. 42ND STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	DST	2.1 TITLE	
NAME	ESTEVEZ, ANDRE S	2.2 NAME	
STREET ADDRESS	0431 FONTAINEBLEAU BLVD., #207	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	CABRERA, VICENTE	3.2 NAME	
STREET ADDRESS	6083 W. 22ND LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33018	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Rene R. Calvo

CR2E037 (10/97)