

2004 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 15, 2004 8:00 am
Secretary of State

03-15-2004 90022 026 ****61.25

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1. Entity Name

FUNDACION CENTROS CRISTIANOS
INTERCONTINENTALES, INC.



Principal Place of Business

18335 NW 61 AVE
MIAMI FL 33015
US

Mailing Address

PO BOX 173882
HIALEAH FL 33017
US

2. Principal Place of Business

18335 N.W. 61 Ave

3. Mailing Address

Suite, Apt. #, etc.

City & State

Miami FL

City & State

Zip

Country

33015

Zip

Country



MOORE

CR2E037 (11/03)

4. FEI Number

65-0486265

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

DESCARTES, CELMALI
18335 NW 61 AVE
MIAMI FL 33015

7. Name and Address of New Registered Agent

Name

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

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Celmal Descartes

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25
Due By May 1, 2004

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Florida Department of State

10. OFFICERS AND DIRECTORS

TITLE PD
NAME DESCARTES, CELMALI
STREET ADDRESS 18335 NW 61 AVE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE STD
NAME HERNANDEZ, ISABELE
STREET ADDRESS 18335 NW 61 AVE
CITY-ST-ZIP MIAMI FL 33015 ☐ Delete

TITLE PD
NAME DESCARTES, CELMALI
STREET ADDRESS 7861 SW 162 CT.
CITY-ST-ZIP MIAMI FL 33193 ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Delete

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ Change ☐ Addition

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Celmal Descartes
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-10-04

Date

Daytime Phone #