FILE NOW: FILING FEE IS \$61.25 NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 995-1996 DIVISION OF CORPORATIONS -96 MAR 20 PM 2: 61 वाद्वाद, वड DOCUMENT #N94000002622 PEDREMARY W. SYME LEANASSEE FLORIDA LA CARPA DE JESUCRISTO, INC. THE TENT OF JESUSCHRIST, INC. 700001751737 -03/21/96--01006--002 \*\*\*\*216.25 \*\*\*\*216.25 Mailing Address Principal Place of Business 9835 SW 183 St. 9835 SW 183 St. Miami, FL. 33157 Miami, FL. 33157 3a. Date of Last Report 3. Date Incorporated or Qualified 05/25/1994 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0454574 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 City & State 6. Election Campaign Financing \$5.00 May Be City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032. Country Country Zip Yes No Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent \$ 166.00 FF 81 Name 61.25 CUEVAS HYDE M. Street Address (P.O. Box Number is Not Acceptable 82 orao \$ a16.25 9835 SW 183 St, MIAMI, FL.33157 83 Zip Code 85 84 City 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. (NOTE: Registered Agent signature required when reinstating) (12/95)Signature, Typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1.1 TITLE TITLE PTD 8/25/15 admin duis vas due 1.2 NAME NAME CUEVAS, HYDE M. 1.3 STREET ADDRESS to a "processing error" Therefore STREET ADDRESS 9835 SW 183 St. Miami FL.3315 714 CITY-ST-ZIP CITY-ST-ZIP corp. was reflected to comply beding TITLE Status with the filing 9 ČŬEVAS,YMAC O. 15560 SW 104 Terr, Ap.612 Miami , FL 33196 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS payment of & 2 4 CITY-ST-ZIP CITY-ST-ZIP 31 TITLE TITLE ZABALA, EUGENIO O 15560 SW 104 Terr, Ap. 612 Miami, FL. 33196 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE THILE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST-ZIP CITY-ST-ZIP Change DELETE 5 1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADC SSS 5 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME **63 STREET ADDRESS** 

6.4 CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 in efficer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and

**SIGNATURE:** 

STREET ADDRESS

that my name appears in B

CITY-ST-ZIP