FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # N9400003544 (3)

1. Corporation Name LA FAMA DE JESUS INC.							.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,
Principal Place of Business Mailing Address								.EH OBIN DONI ODAR	BEISE HILD BING OF	411 4101 1901
3607 S. DIXIE HWY WEST PALM BEACH FL 33405 US 3607 S. DIXIE HWY WEST PALM BEACH FL 33405-2227 US									····	·
							3. Date incorporated or Qu 07/15/1994	alified 3a. 1	Date of Last Re 06/13/199)6
2. Principal Place of Business				2a. Mailing Address			4. FEI Number 65-0511480			plied For
21 Suite, Apt. #, etc				Suite, Apt. #, etc.			00 00 11400		\$8.75 A	t Applicable
22 27							5. Certificate of Status Des	ired 🗆	Fee Re	
City & Stat	e		——————————————————————————————————————	City & State			6. Election Campaign Finar	_ pmm	\$5.00	
23 Zip				Zip Country			Trust Fund Contribution		Added t	
24	25			29 30			8. This corporation has liability for intangible tax Florida Statutes			199.032,
9. Name and Address of Current Registered Agent						· ····	10. Name and Address of	New Registere	d Agent	
					81	Name				
CORPORATE CREATIONS ENTERPRISES INC						Street Add	dress (P.O. Box Number is Not A	cceptable)	·	
4521 PGA BLVD SUITE 211 PALM BEACH GARDENS FL 33418									 -	
TALM BLACK CARBLING FE 35410										
						City		F	L 85 Zip (Jode
11. Pursuant office or r	to the provis	ions of Sections 617 ent. or both, in the 5	.0502 and 617	7.1508, Florida Statu Such change was	tes, the abov	e-named co	orporation submits this statement ation's board of directors. I hereb	or the purpose	of changing its	s registered registered
agent la	ım familiar wi	th, and accept the c	bligations of,	Section 617.0503, F	orida Statute	S.		,,	1. p = 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
SIGNATURE	Signature, typed	or printed name of registers	d agent and title if	applicable. (NO	TE: Registered Ag	ent signature req	juired when reinstating)	DATE		i
12.							ADDITIONS/CHANGES TO	OFFICERS A	ND DIRECTOR	
TITLE	J =				1.1 TITLE				Change	Addition
NAME HECHABARRIA, RIGOBERTO STREET ADDRESS % 3607 S DIXIE HWY			10							
MITOT DALM DEACH EL 2040			2405		1.3 STREET					
CITY - ST - ZIP	D	ALM DEACHTE O	J403	DELETE	1.4 C(TY-5	SF-28P		·	Change	☐ Addition
NAME	VACA. A	NA			2.2 NAME	ĺ			L	I TAGE
STREET ADDRESS	a) acam o miner inter				2.3 STREET ADDRESS					1
CITY-ST-ZIP	CITY-ST-ZIP WEST PALM BEACH FL 33405				2. 4 CITY -	ST-ZIP				
TITLE	D			DELETE	3.1 TITLE				Change	Addition Addition
NAME										
STREET ADDRESS	HITOT BALLEDE AGUE					ADDRESS				
CITY-ST-ZIP TITLE	WESTE	ALM DEACH FL 3	3400	DELETE	3.4. CITY - 4.1 TITLE	ST-ZIP			Change	Addition
NAME					4.2 NAME				first oranide	C. Addition
STREET ADDRESS	İ				4.3 STREET					
CITY-S1-ZIP					4.4 CHY-5					
TITLE	f			DELETE	5.1 TITLE	·			Change	Addition
NAME					5.2 NAME	1				
STREET ADDRESS					5.3 STREET	ADDRESS				
CITY+ST-ZIP					5.4 CITY- S	ST - ZIP		<u></u>		
TITLE				☐ DELETE	6.1 TITLE				Change	Addition
NAME					6.2 NAME					
f (ADDRESS				
CITY - ST - ZIP	Ī				64 CITY S	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

:R2E037 (9/96)

FILED

Jan 17 1997 8:00am

Secretary of State