FILE NOW: [illegible]ING FEE AFTER MAY 1 IS $155.00

CORPORA[illegible]
ANNUAL R[illegible]T
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 23 PM 3:26

DOCUMENT # N94000004049 (2)

1. Corporation Name
DISCIPLESHIP INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
7150 S.W. 23RD ST. APT. 40 MIAMI FL 33155-1649	7150 S.W. 23RD ST. APT. 40 MIAMI FL 33155-1649

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/18/1994
3a. Date of Last Report:
4. FEI Number: 65-0515402 ☐ 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

- VIDAL, HUGO
7150 S.W 23RD STREET
APT. 40
-MIAMI FL 33155-1649

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when necessary)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	VIDAL, HUGO	12 NAME	
STREET ADDRESS	7150 S.W. 23RD ST. #40	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	VIDAL, ELIANA	22 NAME	
STREET ADDRESS	7150 S.W. 23RD ST. #40	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33155	24 CITY ST ZIP	
TITLE	D	31 TITLE	S/D ☑ Change ☐ Addition
NAME	MAIQUE, AIDA M	32 NAME	MAIQUE, AIDA M.
STREET ADDRESS	3500 S.W. 112TH AVE. APT 113	33 STREET ADDRESS	3500 S.W. 112 AVE, APT 209
CITY-ST-ZIP	MIAMI FL 33165	34 CITY ST ZIP	MIAMI, FL 33165
TITLE	D	41 TITLE	T/D ☑ Change ☐ Addition
NAME	URRA, VINDEMIA P	42 NAME	URRA, VINDEMIA P.
STREET ADDRESS	3800 S.W. 102ND AVE. APT. 111	43 STREET ADDRESS	3500 SW 112 AVE, APT 208
CITY-ST-ZIP	MIAMI FL 33165	44 CITY ST ZIP	MIAMI, FL 33165
TITLE	D	51 TITLE	D ☑ Change ☐ Addition
NAME	URRA, OSCAR E	52 NAME	URRA, OSCAR
STREET ADDRESS	3800 S.W. 102ND AVE. APT. 111	53 STREET ADDRESS	3500 SW 112 AVE APT 208
CITY-ST-ZIP	MIAMI FL 33165	54 CITY ST ZIP	MIAMI, FL 33165
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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)(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: HUGO VIDAL 01/14/95 (305)[illegible]4554164
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone Number

000[illegible]451