

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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

3. Date Incorporated or Qualified

08/18/1994

3a. Date of Last Report

02/23/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0515402

Applied For

Not Applicable

22

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

23

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

24

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **VIDAL, HUGO**
CITY-ST-ZIP **7150 S.W. 23RD ST. #40**
MIAMI FL 33155

TITLE ☐ DELETE

NAME **D**
STREET ADDRESS **VIDAL, ELIANA**
CITY-ST-ZIP **7150 S.W. 23RD ST. #40**
MIAMI FL 33155

TITLE ☐ DELETE

NAME **SD**
STREET ADDRESS **MAIQUE, AIDA M**
CITY-ST-ZIP **3500 SW 112TH AVE, APT 209**
MIAMI FL

TITLE ☒ DELETE

NAME **TD**
STREET ADDRESS **URRA, VINDEMA P**
CITY-ST-ZIP **3500 SW 112TH AVE, APT 208**
MIAMI FL

TITLE ☒ DELETE

NAME **D**
STREET ADDRESS **URRA, OSCAR E**
CITY-ST-ZIP **3500 SW 112TH AVE, APT 208**
MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☒ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

S/D
MAIQUE, AIDA M.
11194 SW 114 TERR
MIAMI FL 33176

T/D DEL VALLE ROSAE.
8107 SW 72 AVE #219E
MIAMI FL 33143

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HUGO VIDAL

Date:

Daytime Phone: #

(305) 2616056

CR2E037 (12/95)