

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 10, 1999 8:00 am
Secretary of State

05-10-1999 90148 005 ****61.25

DOCUMENT # N94000004325

1. Corporation Name

CALLES DE AMOR MINISTRIES, INC.

Principal Place of Business

**2495 W 80 ST
#7
HIALEAH FL 33016-2720**

Mailing Address

**2495 W 80 ST
#7
HIALEAH FL 33016-2720**



2. Principal Place of Business

21
Suite, Apt. #, etc.

2a. Mailing Address

26
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

09/02/1994

4. FEI Number
65-0516900

Applied For
Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

23 Zip Country

24 **25**

28 Zip Country

29 **30**

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

**RIVERA, HECTOR
7060 SW 156TH CT
MIAMI FL 33193**

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 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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **RIVERA, HECTOR**
STREET ADDRESS **7060 SW 156TH CT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **D** ☐ DELETE
NAME **RIVERA, ILIA**
STREET ADDRESS **7060 SW 156TH CT**
CITY-ST-ZIP **MIAMI FL 33193**

TITLE **VPD** ☐ DELETE
NAME **DELGADO, RUTH**
STREET ADDRESS **15888 SW 95TH AVE #226**
CITY-ST-ZIP **MIAMI FL 33157**

TITLE **D** ☐ DELETE
NAME **VELEZ, ELOISA**
STREET ADDRESS **136 N.W. 7TH AVE.**
CITY-ST-ZIP **MIAMI FL 33128**

TITLE **D** ☐ DELETE
NAME **SENA, ANA**
STREET ADDRESS **2320 S.W. 57TH AVE.**
CITY-ST-ZIP **MIAMI FL 33155**

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

14. 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 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, with all other like empowered.

SIGNATURE:

4/28/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)