

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 # N94000005198 (6)

1. Corporation Name

MINISTERIO CRISTIANO DE RECONCILIACION, INC.



Principal Place of Business

Mailing Address

5985 W 25 CT
STE 109
HIALEAH FL 33016
US

P.O. BX 5396
HIALEAH FL 33014-1396
US

3. Date Incorporated or Qualified

10/20/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0530554

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**

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 **2031 W 62 ST**

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 City & State

Hialeah FL

28 City & State

24 Zip

33016

25 Country

U.S.

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LOPEZ, MODESTO
2560 W 56TH ST T-409
HIALEAH FL 33016**

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 **LOPEZ, MODESTO**
STREET ADDRESS **2560 W 56TH ST T-409**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D** ☐ DELETE

NAME **LOPEZ, MARY A**
STREET ADDRESS **2560 W 56TH ST T-409**
CITY-ST-ZIP **HIALEAH FL 33016**

TITLE **D** ☐ DELETE

NAME **PAPERNIK, ANA I**
STREET ADDRESS **18585 NW 18TH ST**
CITY-ST-ZIP **PEMBROKE PINES FL 33029**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
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 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

Date

Daytime Phone #

4-15-96 (205) (576-6010)

CR2E037 (12/95)