

FILE NOW: FILING FEE \$61.25

FILED
Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT #
 1. Corporation Name **N 94000006031**

CHRIST CENTER, INC.

Principal Place of Business Mailing Address
8457 SW 132 St Miami, Fl. 33156 **8457 SW 132 St Miami, Fl. 33156**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	22	26	27	12/15/94	
Suite, Apt. #, etc		Suite, Apt. #, etc		4. FEI Number	Applied For
City & State		City & State		65-0540343	Not Applicable
Zip		Country		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
				61 Name	ANDRES I. RUIZ		
				62 Street Address (P.O. Box Number is Not Acceptable)	8385 SW 165 Terr		
				63			
				64 City	Miami	65 Zip Code	FL 33157

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 Andres I. Ruiz Treasurer (Signature, typed or printed name of registered agent and title if applicable) [Signature] (NOTE: Registered Agent Signature required for filing) DATE 2/11/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	P/D Valedon Vincent	1.2 NAME	
STREET ADDRESS	5525 Sardina St.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl 33146	1.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VP/D Barrera, Hernan	2.2 NAME	
STREET ADDRESS	15591 SW 105 Terr	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33196	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	S/D Valedon, Blanca	3.2 NAME	
STREET ADDRESS	5525 Sardina St	3.3 STREET ADDRESS	
CITY-ST-ZIP	Coral Gables, Fl. 33146	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	T/D Ruiz, Andres	4.2 NAME	
STREET ADDRESS	8385 SW 165 Terr	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33157	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Jose Victor Dugand	5.2 NAME	
STREET ADDRESS	10441 SW 155 Ct #922	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33196	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	D Jose Serpa	6.2 NAME	200002431162
STREET ADDRESS	2550 SW 1 Ave	6.3 STREET ADDRESS	-02/16/98--01024--020
CITY-ST-ZIP	Miami, Fl. 33135	6.4 CITY-ST-ZIP	***61.25

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE: [Signature] (SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED AGENT OR DIRECTOR) DATE: 2/11/98 DAYTIME PHONE #: 305 2543355

CR2E034 (9/96)