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02-23-1999 90028 040 ****70.00

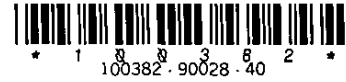
NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N94000006031

1. Corporation Name
CHRIST CENTER, INCORPORATED



Principal Place of Business Mailing Address
 8457 SW 132 ST 8385 SW 165TH TERRACE
 MIAMI FL 33156 MIAMI FL 33157
 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		12/15/1994	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0540343	
City & State		City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip Country		Zip Country			
24 25		29 30			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RUIZ, ANDRES J 8385 SW 165TH TERRACE MIAMI FL 33157				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	TD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	RUIZ, ANDRES I			1.2 NAME			
STREET ADDRESS	8385 S.W. 165TH TER.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33157			1.4 CITY-ST-ZIP			
TITLE	VPD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	HERNAN, BARRERA			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	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	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	PD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	VINCENT, VALEDON			4.2 NAME			
STREET ADDRESS	5525 SARDINA ST			4.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33146			4.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	DUGAND, JOSE VICTOR			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	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SERPA, JOSE			6.2 NAME			
STREET ADDRESS	2550 SW 1 AVE			6.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33135			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: _____ DATE: 1/4/99

CR2E037 (1/98)

305-2543355