DOCUMENT # N9400006031 1. Entity Name CENTRO INTERNACIONAL APOSTOLICO CIA, INC.				FILED Jan 22, 2001 8:00 am Secretary of State 01-22-2001 90093 028 ****70.00			
Principal Place of Busine	ess	Mailing Address		-			
7090 SW 117TH AVENUE MIAMI FL 33183 US		8385 SW 165TH TERRACE MIAMI FL 33157			יטטט	41060	
2. Principal Place of Bu	ines Blvc	3. Mailing Address 3830 CC	wood Cird	e			
Suite Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THI	S SPACE	
Pembrok		Westateton	Florida	4. FEI Number	65-0540343	N	oplied For ot Applicable
33024	Country 1	33334	<u>Country</u>	5. Certificate of	Status Desired Status Desired	\$8.75 Add	ditional ed
	io dila Addicas di Galloni	iogratures Agent	Name	Andres	が十. を	12	
RUIZ, ANDRES J 8385 SW 165TH TERRACE						<u> </u>	
MIAMI FL 33157 38 3C					HWOOD C	I Zin Cog	9 231
8. The above named en	tity sobmits this statement for	the purpose of changing its	egistered office or registe	ered agent, or both, i		<u>- 35</u> ,	221
SIGNATURE	ed or printed temporary grant 8	THE RESIDENCE OF THE PARTY OF T	Registered Agent signature require	ad when reinstating)	1/12/	al	· ·
FILE NOW: 9. Election Campaign Financing Trust Fund Contribution.				00 May Be ad to Fees	Make Check Department)
10.	OFFICERS AND DIR		11.	ADDITIONS/CHAN	GES TO OFFICERS AND I		
	NDRES I V 165TH TERRACE L 33157	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			Change	Addition
TITLE SD VALEDO	N,-BLANCA- IRDINA ST	☐ Delete	TITLE NAME STREET ADDRESS		- Language of Language	Change	Addition
CITY-ST-ZIP CORAL	GABLES FL 33146		CITY-ST-ZIP				
NAME VINCEN' STREET ADDRESS 5525 SA	T, VALEDON IRDINA ST GABLES FL 33146	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE D NAME RUIZ, A	JCIA V 165TH TERRACE	☐ Celete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE D NAME JIMENE	Z, EDUARDO V 105TH STREET	☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP			☐ Change	Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		☐ Delete	TITLE NAME STREET ADDRESS CITY-ST-PIP			☐ Change	Addition
12. I hereby certify that the indicated on this report the corporation or changed, or on an at SIGNATURE:	ne formation supplied with in or supplemental report is the receiver or truster emporable the month of the supplement with an address, w	this filing does not qualify for the and accurate and that my wared to execute this report a it a other like empowered.		ection 119.07(3)(i), F same legal effect as 7, Florida Statutes; a	lorida Statutes. I further ci if made under oath; that i nd that my name appears	ertify that the in I am an officer in Block 10 or	formation or director Block 11 if