

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 # N94000006276 (9)

1. Corporation Name

ASAMBLEA EVANGELICA DE HOMESTEAD, INC.



Principal Place of Business

945 NE 12 STREET
HOMESTEAD FL 33030

Mailing Address

945 NE 12 STREET
HOMESTEAD FL 33030

3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report
04/12/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

65-0547169

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESCARRAMAN, FRANCISCO
945 NE 12 STREET
HOMESTEAD FL 33030

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ DELETE

☐ Change

☐ Addition

TITLE

PD

NAME

ESCARRAMAN, FRANCISCO

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

TITLE

VD

NAME

ALVARADO, MARCIO

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

TITLE

VD

NAME

HERRERA, SAMUEL

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

TITLE

D

NAME

ESCOBAR, GABINO

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

TITLE

TD

NAME

GALLO, BLADIMIR

STREET ADDRESS

945 NE 12 STREET

CITY - ST - ZIP

HOMESTEAD FL 33030

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

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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

BLADIMIR GALLO

5-22-96

Date

Daytime Phone #

CR2E037 (12/95)