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NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9400006276

ASAMBLEA EVANGELICA DE HOMESTEAD, INC.

Feb 18, 1999 8:00 am Secretary of State

02-18-1999 90050 017 ****61.25

Principal Plac	ce of Business	Mailing Address			,,			•	
945 NE 12 STREET 945 NE 12 STREET									
HOMESTEAD FL 33030 HOMESTEAD FL 33030		HOMESTEAD FL 33030							
					1 19911141 618 1811 6	1811 88111 38 111 8814			112 6171 1861
2 Principal I	Place of Business	2a. Mailing Address	_		3. Date incorporated of	or Qualifed			
21 - Inicrpair	-lace of Business	26			12/22/1994				
Suite, Apt	# etc.	Suite, Apt. #, etc.			4. FEI Number		`	App	olied For
22	,	27			65-0547169			Not	Applicable
City & Sta	ite	City & State			5. Certifcate of Status	Desired	- I	\$8.75 A	
23		28			5. Certificate of Status	Desired _		Fee Rec	quired
Zip	Country	Zip	Country	у	6. Election Campaign	Financing _	1 .	\$5.00	• 1
24	25	29 3	30		Trust Fund Contribu	ition		Added to	Fees
	9. Name and Address of Current	Registered Agent		. r	10. Name and Addres	s of New Regi	stered Ag	ent	
			81	Name			•		
ESCARR/	AMAN, FRANCISCO		82	Street Add	dress (P.O. Box Number is N	vot Acceptable)			
945 NE 1	2 STREET						<u> </u>		
HOMESTI	EAD FL 33030		83	3	ř				
			84	City				85 Zip C	ode
ı							<u> FL </u>		
11. Pursuan	to the provisions of Sections 617.0502	and 617.1508, Florida Statutes	s, the abov	e-named cor	poration submits this statem	ent for the purp	ntaioaas e	anging its i nent as red	registered
				/ the corporal					
office or agent. I	am familiar with, and accept the obligati	ions of, Section 617.0503, Florid	da Statute	y tne corpora: s.	don's board of directors. The	steey accept un			,
	t to the provisions of Sections 617.0502 registered agent, or both, in the State o am familiar with, and accept the obligati				· ·				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered Age		red when reinstating)		ATE		
SIGNATURE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	Registered Age		· ·		RS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE	Signature, typed or printed name of registered agent OFFICERS AND	and title if applicable. (NOTE: F	13.	ent signature requi	red when reinstating)		RS AND		
SIGNATURE 12. TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO	and title if applicable. (NOTE: F	13. 1.1 TITLE	ent signature requi	red when reinstating)		RS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME	ent signature requi	red when reinstating)		RS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030	and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-	ent signature requi	red when reinstating)		ERS AND	DIRECTO	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 VD	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE	ent signature requirement signature requirem	red when reinstating)		ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 VD ALVARADO, MARCIO	and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME	ent signature requirement signature requirem	red when reinstating)		ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 VD ALVARADO, MARCIO 945 NE 12 STREET	and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY-1 2.1 TITLE 2.2 NAME 2.3 STREE	ent signature requirer requirements requirements requirements requirements requirements requirements requirements require	red when reinstating)		ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 VD ALVARADO, MARCIO 945 NE 12 STREET HOMESTEAD FL 33030	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY-	ent signature requirer requirements requirements requirements requirements requirements requirements requirements require	red when reinstating)		DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 VD ALVARADO, MARCIO 945 NE 12 STREET HOMESTEAD FL 33030 VD VD	and title if applicable. (NOTE: F D DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE	ent signature requirement signature requirem	red when reinstating)		DATE ERS AND	DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 VD ALVARADO, MARCIO 945 NE 12 STREET HOMESTEAD FL 33030 VD HERRERA, SAMUEL	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME	ent signature requirement signature requirem	red when reinstating)		DATE ERS AND	DIRECTOR Change	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	Signature, typed or printed name of registered agent OFFICERS AND PD ESCARRAMAN, FRANCISCO 945 NE 12 STREET HOMESTEAD FL 33030 VD ALVARADO, MARCIO 945 NE 12 STREET HOMESTEAD FL 33030 VD HERRERA, SAMUEL 945 NE 12 STREET	and title if applicable. (NOTE: F	13. 1.1 TITLE 1.2 NAME 1.3 STREE 1.4 CITY- 2.1 TITLE 2.2 NAME 2.3 STREE 2.4 CITY- 3.1 TITLE 3.2 NAME 3.3 STREE	ent signature requirement signature requirem	red when reinstating)		DATE ERS AND	DIRECTOR Change	RS IN 12
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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 chapter, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

SIGNATURE:

NAME

STREET ADDRESS