
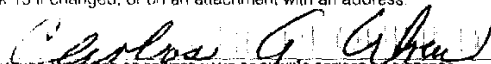


FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 21 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # N95000000271 (5)</b>					
1. Corporation Name <b>COMUNIDAD COR JESU CORP.</b>					
Principal Place of Business <b>5212 S.W. 102ND AVENUE MIAMI FL 33165</b>			Mailing Address <b>5212 S.W. 102ND AVENUE MIAMI FL 33165-7155</b>		
2. Principal Place of Business <b>21</b>			2a. Mailing Address <b>26</b>		3. Date Incorporated or Qualified <b>01/19/1995</b>
Suite, Apt. #, etc. <b>22</b>			Suite, Apt. #, etc. <b>27</b>		3a. Date of Last Report <b>03/27/1996</b>
City & State <b>23</b>			City & State <b>28</b>		4. FEI Number <b>65-0551060</b>
Zip <b>24</b>			Country <b>30</b>		Applied For Not Applicable
Country <b>25</b>			Country <b>29</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
9. Name and Address of Current Registered Agent <b>ABREU, CARLOS A 5212 S.W. 102ND AVENUE MIAMI FL 33165</b>			10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>		
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					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	LLANES, ARMANDO				
STREET ADDRESS	5212 S.W. 102ND AVE.				
CITY - ST - ZIP	MIAMI FL 33165				
TITLE	VTD	<input type="checkbox"/> DELETE			
NAME	ABREU, CARLOS A				
STREET ADDRESS	5212 S.W. 102ND AVE.				
CITY - ST - ZIP	MIAMI FL 33165				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	ALEGRET, ENRIQUE				
STREET ADDRESS	5212 S.W. 102ND AVE.				
CITY - ST - ZIP	MIAMI FL 33165				
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
TITLE		<input type="checkbox"/> DELETE			
NAME					
STREET ADDRESS					
CITY - ST - ZIP					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY - ST - ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY - ST - ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY - ST - ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY - ST - ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY - ST - ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY - ST - ZIP					
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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.					
SIGNATURE:  03-17-97					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					

CR2E037 (9/96)