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**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS **FILED** 

Apr 07 1997 8:00am

Secretary of State

Date

Daytime Phone # 0028360

1997

SIGNATURE:

N95000000745 (8)

	MENT # N9500 A CRISTIANA NUEVO PAC			1 15 641101 A10 10181 B1441 B1441 B1441 A		
Principal Place	e of Business	Mailing Address				
2352 N.W. 7TH STREET MIAMI FL 33125		2352 N.W. 7TH STREET MIAMI FL 33125-3249				
				3. Date Incorporated or Qualifie 02/15/1995	07/17/19	
¬ ·	lace of Business	2a. Mailing Address	· · · · · · · · · · · · · · · · · · ·	4. FEI Number APPLIED FOR	106 <i>4 M M</i> —   —	oplied For of Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	- \$8.75	Additional
2		27	·		Fee Re	equired
City & State	Ð	City & State		6. Election Campaign Financing Trust Fund Contribution	~	May Be to Fees
Zip	Country	Zip	Country	8. This corporation has liability		
4	25	29	30	Florida Statutes	☐ Yes ☐ No	
	9. Name and Address of Curre	ent Registered Agent	81 Name	10. Name and Address of New	Registered Agent	
			Name			
* RIVAS, JOSE			82 Street Add	Iress (P.O. Box Number is Not Acce	ptable)	
•	W. 7TH ST., #307		83			
MIAMI FI	L 33126			- <del> </del>		
			84 City		FL 85 Zip	Code
1. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Florida Statut	es, the above-named cor	poration submits this statement for the	he purpose of changing It	ts registere
SIGNATURE	to the provisions of Sections 617.05 egistered agent, or both, in the State m familiar with, and accept the oblig		es, the above-named cor authorized by the corpora orida Statutes.	poration submits this statement for the statemen	he purpose of changing li ccept the appointment as	ts registered registered
GIGNATURE _	Signature typed or printed name of registered as				DATE	
IGNATURE _	Signature Typed or printed name of registered as OFFICERS AN	gent and title if applicable (NOT	E: Registered Agent signature requ	uired when reinstating)	DATE	RS IN 12
SIGNATURE	Signature Typed or printed name of registered as OFFICERS AN PD RIVAS, JOSE	gent and the if applicable (NOT)	E: Registered Agent signature required 13.  1.1 TITLE  1.2 NAME	uired when reinstating)	DATE FFICERS AND DIRECTOR	RS IN 12
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