FILE NOW: FILING FEE IS $61.25

AMENDED

NONPROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DOCUMENT # N95000001056

1. Corporation Name
CRISTO REY Y SENOR CORP

Principal Place of Business	Mailing Address
752 W. FLAGLER ST. MIAMI, FL 33130	4851 SW 137 Ct. MIAMI FL 33175

3. Date Incorporated or Qualified: 8/12/9 — 3a. Date of Last Report:

4. FEI Number — [X] 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

2. Principal Place of Business	2a. Mailing Address
21 752 W. FLAGLER St.	26 2447 S.W. 11 Street
Suite, Apt. #, etc 22 STE. 206	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL 33130	City & State 28 Miami, FL
Zip / Country 24 33130 / 25 US	Zip / Country 29 33135 / 30 US

9. Name and Address of Current Registered Agent

ADRIAN SINCLER
4581 SW 137th CT.
MIAMI, FL 33175

10. Name and Address of New Registered Agent

81 Name: MARIA G. GARCIA
82 Street Address (P.O. Box Number is Not Acceptable)
83: 2447 S.W. 11 Street
84 City: MIAMI FL 85 Zip Code: 33135

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: Maria G.Garcia (secretary) — 10-28-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT ADRIAN SINCLER 4581 SW 137 Ct., MIAMI, FL 33175	[X] DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PRESIDENT ANGEL D. RIVERA 1030 N.E. 139 St. N.Miami, FL 33161	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Vice-President MARIA SINCLER 4581 SW 137 Ct., MIAMI, FL 33175	[X] DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	Vice-President VICTOR CABALLERO 6770 Evans Street HOLLYWOOD, FL 33024	[X] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Treasurer LAURA GONZALEZ 1366 S.W. 4 St. Apt.#3 MIAMI, FL 33130	[ ] DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	V/Treasurer MILAGROS MELENDEZ 951 S.W. 7 Street Apt.#5 Miami, Fl 33130	[ ] Change [X] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Secretary MARIA G. GARCIA 2447 S.W. 11 Street MIAMI, FL 33135	[ ] DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VOCAL CHESTER ARGUELLO 1636 S.W. 2 St. Apt.#3 MIAMI, FL 33135	[ ] DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	Vocal CHESTER ARGUELLO 1636 S.W. 2 St. Apt.#3 MIAMI, FL 33135	[X] Change [ ] Addition (address)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	JOSEFINA ARGUELLO 1636 S.W. 2 St. Apt #3 MIAMI, FL 33135	[ ] DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	Vocal JOSEFINA ARGUELLO 1636 S.W. 2 St. Apt.#3 Miami, Fl 33135	[X] Change [ ] Addition (address)

CR2E037 (12/95)

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: Maria G.Garcia (secretary) — 10-28-96 — (305)358-5557
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #