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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

	DIENDO EL EVANGELIO C		-,				
Principal Place of Business Mailing Address						., <b>au</b> ti, <b>au</b> int <b>an</b> ie <b>n</b> si <b>n</b>	AB 11118 18183 1184 1881
3820 N.W.12TH STREET 3820 N.W.12TH STREET MIAMI FL 33126 MIAMI FL 33126							
					3. Date Incorporated or Qualified 05/18/1995	3a. Date of	Last Report
Z. Principal P.	lace of Business	2a. Mailing Address 26			4. FEI Number 65-0588602	ζ	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$ <b>8</b>	3.75 Additional
City & State	9	City & State			6 Fination Committee Financia		Fee Required
		28			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip	Country	Zip	Cour	ntry	8. This corporation has liability for		
<u>.                                    </u>	25   9. Name and Address of Currel	29	30		Florida Statutes	☐ Yes ☐ No	
	9. Name and Address of Curre	nt Hegistered Agent		81 Name	10. Name and Address of New F	Registered Agent	t
FERNAN	IDEZ, DOMINGO						
	W. 12TH STREET		82 Street Ad		dress (P.O. Box Number is Not Acceptat	ole)	
MIAM! F	L 33126		[	83			
			ļ.	B4 City		<b>—.</b> 85	Zip Code
				1			l .
familiar wi	to the provisions of Sections 617,0502 red agent, or both, in the State of Flori th, and accept the obligations of, Sect			e-named corpo orporation's boa	ration submits this statement for the purard of directors. I hereby accept the app	rpose of changing ointment as regist	its registered offic ered agent. ∤am
familiar wi	th, and accept the obligations of, Sect Signature, typed or printed name of registered agen	tion 617.0503, Florida Statuti	is.	e-named corpo orporation's boa gent signature require	ard of directors. I hereby accept the app	Ointment as regist	ered agent. Fam
familiar wi	th, and accept the obligations of, Section 1, and accept the obligation	tion 617.0503, Florida Statuti	NOTE: Registered A	orporation is boa	ard of directors. Thereby accept the app	Ointment as regist	ered agent. Fam
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SIGNATURE:

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-28-96 Date

Daytime Phone #