FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Mailing Address

FILED

Jan 27 1997 8:00am

Secretary of State

N95000002391 (9) DOCUMENT #

DIFUNDIENDO EL EVANGELIO CORP.

3820 N.W.12TH	STREET	3820 N.W.1	3820 N.W.12TH STREET									
MIAMI FL 33126		MIAMI FL 3					}					
		•					3. Date Incor 05/18	porated or Qualified /1995		e of Last 5/01/1		
2. Principal Pl	ace of Business	2a. Mailing	2a. Mailing Address				4. FEI Numbe		.1 <u></u>	Ţ,	Applied For	
21		26				05-03	88602			Not Applicable		
Suite, Apt. :	#, etc.	<u> </u>	Suite, Apt. #, etc.				5. Certificate	of Status Desired			Additional Required	
City & State	3		City & State				& Flection Co	ampaign Financing			0 May Be	
23		28	28				l l	Contribution			d to Fees	
Zıp	Country	Country Zip		Country			8. This corpo	ration has liability for i	ntangible t	ax under	s. 199.032,	
24	25	29 30		30						Yes No		
	9. Name and Address of Currer	it Registered A	gent		81	Name	10. Name and	Address of New Re	pistered A	gent		
CCOMAN	DET DOUINGS											
	DEZ, DOMINGO V. 12TH STREET		82 Str			Street Add	t Address (P.O. Box Number is Not Acceptable)					
MIAMI FL					83							
************	. 00120					<u> </u>				[a=1 mi		
					84	City			FL	85 Zij	p Code	
11. Pursuant t	to the provisions of Sections 617.050	2 and 617.1508	, Florida Statu	tes, the a	bove	-named cor	rporation submits the	is statement for the p	urpose of	changing	its registered	
agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ations of, Section	n 617.0503, Fl	lorida Sta	itutes	r the corpore S.	ation's ocaro of dire	sciois. I nereby accep	t the appo	ariument F	is registered	
SIGNATURE _									···			
12.	Signature, typed or printed name of registered age	ont and title if applicate DDIRECTORS	ole. (NO	TE: Registere		nt signature requ	uired when reinstating)	CHANGES TO OFFIC	DATE EDG AND	DIDECTO	DPS IN 12	
TITLE	PD	DUILLOTONS	DELETE	1.1 T		·····	ADDITIONS	CHAINGES TO OFFIC		Change		
NAME	FERNANDEZ, DOMINGO			1.2 N					•			
STREET ADDRESS	3820 N.W.1 2TH ST.			135	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126			1.4 0	ΠY-S	T-ZIP						
TITLE	VD		DELETE 21		21 TITLE		•			Change	Addition	
NAME	CARRAZANA, DILIO		22		2.2 NAME						ļ	
STREET ADDRESS	29922 S.W. 147TH AVE.				2.3 STREET ADDRESS			. *	•		İ	
CITY-ST-7IP	LEISURE CITY FL 33030		☐ DELETE			ST-ZIP	·····			Change	Addition	
TITLE NAME	SD Fernandez, Samuel		C priffle	3.1 T					,	change	Addition	
STREET ADDRESS	5000 N.W. 4TH TERRACE					ADDRESS						
CITY-ST-ZIP	MIAMI FL 33126					ST-ZiP						
TITLE	TD		DELETE	4.1 T	· · · ·				· " [Change	Addition	
NAME	ESPINOSA, SANTIAGO			4.21	NAME							
STREET ADDRESS	3210 N.W. 11TH ST.			4.3 S	TREET	ADDRESS						
CITY-ST-ZIP	MIAMI FL 33125	***************************************		4.4 C	ITY-S	T-ZIP						
TITLE			☐ DELETE	5.1 T					l	Change	Addition	
NAME				5.2 N								
STREET ADDRESS				- E		ADORESS						
CITY-ST-ZIP TITLE		·····	DELETE	_	ITY-S	T-ZIP	***************************************			Change	Addition	
NAME			- DELETE	6.1 T 6.2 N					ı	viidiigt		
STREET ADDRESS						ADDRESS						
STREET ADDRESS				0.3 3	rnce i	AND DESS						

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.