FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9500002474 (3)

ASOCIACION MARANATHA, INC.

 Principal Place of Business
 Mailing Address

 19435 SW 117 CT
 19435 SW 117 CT

 MIAMI FL 33177
 MIAMI FL 33177-4410

FILED Jan 22 1997 8:00am Secretary of State



| MIAMI FL 33177 | | MIAMI FL 33177-4410 | | | | |
|---|--|----------------------------------|-----------|--------------------|-----------------|---|
| | | | | | | 3. Date Incorporated or Qualified 3a. Date of Last Report 05/24/1995 03/13/1996 |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 4. FEI Number Applied For |
| 21 26 | | | | | | 65-0584295 Not Applicable |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | | 5. Certificate of Status Desired S8.75 Additional |
| 22 | | | | | | 5. Certificate of Status Desired Fee Required |
| City & State | | City & State | | | | 6. Election Campaign Financing \$5.00 May Be |
| 23 | 28 | | | | | Trust Fund Contribution Added to Fees |
| Zip | Country | Zip | | Country | ' | 8. This corporation has liability for intangible tax under s. 199.032, |
| 24 | 25 | 29 | 30 | | | Florida Statutes |
| | 9. Name and Address of Curren | t Registered Agent | | | | 10. Name and Address of New Registered Agent |
| | | | | 81 | Name | |
| MORALES, MELANIA R | | | | 82 | Ctroot A | Address (P.O. Box Number is Not Acceptable) |
| 19435 SW 117 CT | | | | 92 | SUBBUR | Address (F.O. Box Number is Not Acceptable) |
| MAM) FL 33177 | | | | 83 | | |
| MINMILI | L 33177 | | | | | |
| | | | | 84 | City | FL 85 Zip Code |
| 11 Purcusot t | to the provisions of Sections 617.050 | 2 and 617 1508. Florida Status | itee th | | a-named (| |
| 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 | Signature, typed or pointed name of registered age | rt and title if applicable. (NO | TE: Regi | stered Agr | ant signature o | e requited when reinstating) DATE |
| 12. | OFFICERS AN | D DIRECTORS | | 13. | | ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
| TITLE | PD | DELETE | | 1.1 TITLE | | Change Addition |
| NAME | MORALES, MELANIA R | | 1 | 1.2 NAME | ì | |
| STREET ADDRESS | 19435 SW 117 CT | | | 1.3 STREET | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33177 | | | 1.4 CITY-5 | T- 71P | |
| TITLE | | | 2.1 TITLE | | Change Addition | |
| NAME | MORALES, MARINO | | | 2.2 NAME | | |
| STREET ADDRESS | 19435 SW 117 CT | | | 2.3 STREET ADDRESS | | |
| ì | MIAMI FL 33177 | | - 1 | 2. 4 CITY-ST-ZIP | | |
| CITY-ST-ZIP TITLE | D DELETE | | _ | 3.1 TITLE | | Change Addition |
| | | | - 6 | 3.2 NAME | | |
| NAME | BIENVENIDO, MINAYA | | | | | |
| STREET ADDRESS | 19435 SW 117 CT | | - E | | ADDRESS | |
| CITY - ST - ZIP | MIAMI FL 33177 | ☐ DELETE | | 3.4. CITY- | S1-ZIP | Change Addition |
| TITLE | TD | | - 1 | 4.1 TITLE | | Change Addition |
| NAME | MORALES, WILMAN | | | 4. 2 NAME | | † |
| STREET ADDRESS | 19435 SW 117 CT | | | | ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33177 | | | 4.4 CITY~ | ST-ZIP | |
| TITLE | | ☐ DELETE | | 51 TITLE | | Change Addition |
| NAME | | | | 5.2 NAME | | |
| STREET ADDRESS | | | 1 | 53 STAEE | address | |
| City - ST- 7IP | | | | 5.4 CITY - 9 | ST-ZIP | |
| TITLE | ☐ DELETE | | T | 6.1 TITLE | | ☐ Change ☐ Addition |
| NAME | | | | 6.2 NAME | ļ | |
| STREET ADDRESS | | | 1 | 6.3 STREE | ADDRESS | |
| CITY-S1-ZIP | | | - 1 | 6.4 CITY - : | | |
| 14. I do here | by certify that the information supplie | d with this filing does not qual | | | | stated in Section 119.07(3)(i), Florida Statutes. I further certify that the |

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 or on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone # 0033169

Date