

FILE NOW: FILING FEE IS \$61.25

1 of 2

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N95000002540 (1)**
1. Corporation Name

CENTRO DE ESTUDIO CRISTIANOS, INC.



Principal Place of Business: **1879 W FLAGLER ST. MIAMI FL 33135**
Mailing Address: **1879 W FLAGLER ST. MIAMI FL 33135**

3. Date Incorporated or Qualified 05/30/1995	3a. Date of Last Report
4. FEI Number 65-0593090	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

RODRIGUEZ, SENEN
1879 W FLAGLER ST.
MIAMI FL 33135

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reappointing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT <input type="checkbox"/> DELETE
NAME	SENEN RODRIGUEZ
STREET ADDRESS	8841 W. Flagler St. # 305 P/D
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	Vice President <input type="checkbox"/> DELETE
NAME	ANA SENA
STREET ADDRESS	12820 N.W. 6 Lane V/T
CITY-ST-ZIP	MIAMI, FL 33182
TITLE	Secretary <input type="checkbox"/> DELETE
NAME	Elida Nieves
STREET ADDRESS	10008 W. Flagler St. P.O. Box 181
CITY-ST-ZIP	MIAMI, FL 33174 G/D
TITLE	Treasurer <input type="checkbox"/> DELETE
NAME	Olga Rodriguez
STREET ADDRESS	8841 W. Flagler St. # 305 T
CITY-ST-ZIP	MIAMI, FL 33174
TITLE	ISABEL HERNANDEZ TORRES <input type="checkbox"/> DELETE
NAME	ISABEL HERNANDEZ TORRES
STREET ADDRESS	8841 W. Flagler St. APO 102 T.
CITY-ST-ZIP	MIAMI FLA 33174
TITLE	Carlos Diaz, N.W. 132nd Pl <input type="checkbox"/> DELETE
NAME	Carlos Diaz
STREET ADDRESS	MIAMI FLA 33182 ID
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

500001788155
04/22/96-01021-015
***61.25

200001788157
04/22/96-01021-000
***61.25

600001788146
04/22/96-01021-000
***61.25

3/9/96 281-9720

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: Rodriguez DATE: 3/9/96 DAYTIME PHONE: 281-9720

CR2E037 (12/95)

4-8-96

Annual Reports Section
Division of Corporations
P.O. Box 13900
Tallahassee, FL 32317

To whom it may concern:

(*) Please note the street address for our Secretary, Elida Nieves, should appear just as we have indicated on the attached form with both the street address & the P.O. Box #. 181

Thank you for your attention.

Sincerely,
Rodriguez