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FILED

Jan 17 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N95000002540 (1)

1. Corporation Name

CENTRO DE ESTUDIO CRISTIANOS, INC. OF MIAMI

Principal Place of Business

Mailing Address

1879 W FLAGLER ST.  
MIAMI FL 33135

1879 W FLAGLER ST.  
MIAMI FL 33135-1939



3. Date Incorporated or Qualified  
05/30/1995

3a. Date of Last Report  
04/20/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number

65-0593090

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RODRIGUEZ, SENEN  
1879 W FLAGLER ST.  
MIAMI FL 33135

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, SENEN	
STREET ADDRESS	8841 WEST FLAGLER STREET, #305	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	VT	<input type="checkbox"/> DELETE
NAME	SENA, ANA	
STREET ADDRESS	12820 NW 6 LANE	
CITY-ST-ZIP	MIAMI FL 33182	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NIEVES, ELIDA	
STREET ADDRESS	10008 WEST FLAGLER STREET/PO BOX 181	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	T/T	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, OLGA	
STREET ADDRESS	8841 WEST FLAGLER STREET, #305	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TORRES, ISABEL	
STREET ADDRESS	8841 W FLAGLER ST., APT #102	
CITY-ST-ZIP	MIAMI FL 33174	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DIAZ, CARLOS	
STREET ADDRESS	NW 132ND PLACE	
CITY-ST-ZIP	MIAMI FL 33182	

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 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	

NONE

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.

SIGNATURE:

*Senen Rodriguez*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-13-97 (305) 221-9720  
Date Daytime Phone # 0028058

CR2E037 (9/96)