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NONPROFIT CORPORATION ANNUAL REPORT

1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N95000002540 (1)

1. Corporation Name

CENTRO DE ESTUDIO CAISTIANOS, INC. OF MIAMI

Principal Place of Business	Mailing Address
424 S.W. 12 AVE. SUITE 100 MIAMI, FL. 33130	P.O. BOX 2167 MIAMI, FL. 33144

2. Principal Place of Business	2a. Mailing Address
21 424 S.W. 12 AVE.	26 P.O. BOX 2167
Suite, Apt. #, etc. 22 100	Suite, Apt. #, etc. 27
City & State 23 MIAMI, FL.	City & State 28 MIAMI, FL.
Zip 24 33130 Country 25 DADE	Zip 29 33144 Country 30 DADE

3. Date Incorporated or Qualified: 05/30/95

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name: SENEN RODRIGUEZ

82 Street Address (P.O. Box Number is Not Acceptable): 424 S.W. 12 AVE., #100

83

84 City: MIAMI FL 85 Zip Code: 33130

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 (X) (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 3/6/99

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RODRIGUEZ, SENEN (PD) P.O. BOX 2167 MIAMI, FL. 33144	[ ] DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SENA, ANA (VT) P.O. BOX 2167 MIAMI, FL. 33144	[ ] DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	NIEVES, ELIDA (SD) 10008 W. FLAGLER ST. MIAMI, FL. 33174	[X] DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	CHAZZANES, JUAN CARLOS (SD) P O BOX 2167 MIAMI, FL. 33144 [ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	RODRIGUEZ, OLGA P O BOX 2167 (T/T) MIAMI, FL. 33144	[ ] DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TORRES, ISABEL (T) P O BOX 2167 MIAMI, FL. 33144	[ ] DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	[ ] Change [ ] Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DIAZ, CARLOS (D) P O BOX 2167 MIAMI, FL 33144	[ ] DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	[ ] Change [ ] Addition

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14. I 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, with all other like empowered.

SIGNATURE: (X) Senen Rodriguez, PRES. 3/5/99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #