FILE NOW: FILING FEE IS \$61..25

NONPROFIT
CORPORATION
ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

N95000003488

FILED								
May 07 1998 8:00am								
Secretary of State								

1. Corporation Name					J			
IINIT	W DE ODICHO EN I	DAULTA GODD						
	Y DE CRISTO EN LA	A BAHIA CORP.						
	NE 21st Street							
Principal Plac	e of Business Pica 33137	Mailing Address			7			
411	NB 21-4 Others				6 Catalana de Cariffed			٦
411 NE 21st Street					3. Date Incorporated or Qualified July 21 1995			
Miam	i, Florida 33137				4. FEI Number		Applical Co.	4
					65-0622747		Applied For Not Applicable	-
2. Principal F	Place of Business	2a. Mailing Address					Additional	7
21		26 411 NE 21st Street			5. Certificate of Status Desired \$8.75 Additional Fee Required			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			6. Election Campaign Financing \$5.00 May Be			
22		Miami, Florida 33137		Trust Fund Contribution				
City & Stat	le	City & State			7. Is this nonprofit corporation a homeowners association?			
Zip	Country	Zip Country		☐ Yes &X No			-	
24	25 Dade	29 30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes XXVo				
24	9. Name and Address of Current		101		10. Name and Address of New Regist			┨
			B1	Name		is a regular		1
	Burgos		62	Chrost Addr	ess (P.O. Box Number is Not Acceptable)			4
940 SW 4th Street Apart. No. 302 Miami, Florida 33/74				Street Addre	ess (P.C. Box Number is Not Acceptable)			
				3				1
			84 City			las 7:-	Codo	4
				Only		FL 85 Zip	Code	
11. Pursuant	to the provisions of Sections 617 0502	and 617.1508, Florida Statutes	the abov	e-named corp	oration submits this statement for the purp on's board of directors. I hereby accept th	ose of changing	its registered	7
agent. La	im familiar with the obligation	ons of, Section 617.0503, Flori	da Statute	s the corporations.	ons board or directors. I hereby accept the	e appointment as	; registered	
SIGNATURE	X Januare		_					
	Signature, typed of printed name of regularized agent		_	ent signature require		DATE		46
12.	OFFICE RS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFICER	S AND DIRECTO		- {
NAME	Carmen Valette		1.2 NAME	P/D		□ Change	La Addition	3
STREET ADDRESS	1876 NW 35th Str							}
CITY-ST-ZIP	Miami, Florida 3	3142	1.3 STREET ADDRESS 1.4 CITY - ST - ZIP					ļ
TITLE		DELETE	2.1 TITLE	31-211		Change	☐ Addition	15
NAME	Felicita Blanco		2.1 TITLE 2.2 NAME	S/D				
STREET ADDRESS	1876 NW 35th Str		2.3 STREE	T ADDRESS				
CITY-ST-ZIP	Miami, Florida 3	3142	2. 4 CITY -	ST - ZIP				
TITLE	Luz Burgos	☐ DELETE	3.1 TITLE	m/n	-	Change	Addition	1
NAME	9401 SW 4th St. Ap. No.302			T/D				1
STREET ADDRESS	Miami, Florida		3 3 STREE	T ADDRESS				
CITY-ST-ZIP	Miami, Florida		3.4 CITY-	ST-ZIP				J
TITLE		☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	T ADDRESS				
CITY-ST-ZIP		☐ DELETE	4.4 CITY - S	ST - ZIP			— 4	4
TITLE NAME		₩ DECEIE	5.1 TITLE	- 1		☐ Change	☐ Addition	1
STREET ADDRESS			5.2 NAME	, ADDDECO	100002518 -05/11/9801029	3211		
CITY-ST-ZIP			5.3 STREET		-05/11/9801029	5029		1
TITLE		DELÉTÉ	5.4 CITY - S 6.1 TITLE	01 · ZIP	***61.25	Change	Addition	1
NAME			6.2 NAME		^ -		- AQUILIUII	1
STREET ADDRESS			6.3 STREET	ADDRESS	(1/2	$' \cup I$	1	
CITY-ST-ZIP			6.4 CITY - S			ا احب ا		
	ertify that the information supplied with	this filing does not qualify for t	he exemp	tion stated in S	Section 119.07(3)(i), Florida Statutes. I furth	ner certify that the	e information	1

In heroby 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 of 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 on an attachment with an address.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

423-18

Daytime Phone #

R2E037 (10/9