

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25, 1999 8:00 am
Secretary of State

08-25-1999 90004 042 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N95000003670

1. Corporation Name

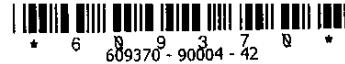
CHRISTIAN BROTHERHOOD FOUNDATION, INC.

Principal Place of Business

7800 S.W. 56TH STREET
MIAMI FL 33155
US

Mailing Address

7800 S.W. 56TH STREET
MIAMI FL 33155



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

08/03/1995

4. FEI Number

65-0631149

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

NUNEZ, ALEJANDRO ESQ.
1607 PONCE DE LEON BLVD.
STE. 101
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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)

8/11/99

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE

CD

NAME

DELGADO, ALBERTO M

STREET ADDRESS

12432 S.W. 11TH TERRACE

CITY-ST-ZIP

MIAMI FL 33184

TITLE

SD

NAME

RAMOS, GUIDO

STREET ADDRESS

4415 S.W. 112TH COURT

CITY-ST-ZIP

MIAMI FL

TITLE

VPD

NAME

DELGADO, MARIAM

STREET ADDRESS

12432 S.W. 11TH TERRACE

CITY-ST-ZIP

MIAMI FL

TITLE

PD

NAME

WULFF, FEDERICO

STREET ADDRESS

365 N.E. 125TH ST., #409

CITY-ST-ZIP

N. MIAMI BEACH FL 33161

TITLE

TD

NAME

DE LA FE, ELLA

STREET ADDRESS

6816 S.W. 89TH CT.

CITY-ST-ZIP

MIAMI FL 33173

TITLE

TD

NAME

DAVIS, RICHARD H SR.

STREET ADDRESS

4701 N. FEDERAL HIGHWAY, #475

CITY-ST-ZIP

LIGHT HOUSE POINT FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/11/99

305-273-1243

CR2E037 (5/99)