

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000003770 (3)

1. Corporation Name

CENTRO EVANGELICO CRISTO REY, INC.



Principal Place of Business

Mailing Address

**5190 NW 167TH STREET STE 101
HIALEAH FL 33014**

**5190 NW 167TH STREET STE 101
HIALEAH FL 33014**

2. Principal Place of Business

2a. Mailing Address

21 393 Sunny Isle Blvd

26 P.O. Box 170112

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22
City & State

27
City & State

23 Miami Beach, Florida

28 Hialeah, Florida

24 Zip
33160

25 Country
Dade

29 Zip
33017-0112

30 Country
Dade

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MIMOSO, HECTOR
5190 NW 167TH STREET STE 101
HIALEAH FL 33014**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
393 Sunny Isle Blvd.

83

84 City
Miami Beach,

FL

85 Zip Code
33160

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 (if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **MIMOSO, HECTOR**
CITY-ST-ZIP **5663 NW 195TH TERRACE
MIAMI FL 33055**

TITLE ☐ DELETE
NAME **SD**
STREET ADDRESS **MIMOSO, JULIE**
CITY-ST-ZIP **5663 NW 195TH TERRACE
MIAMI FL 33055**

TITLE ☐ DELETE
NAME **TD**
STREET ADDRESS **CORTES, NILCA**
CITY-ST-ZIP **5666 NW 195TH TERRACE
MIAMI FL 33055**

TITLE ☒ DELETE
NAME **D**
STREET ADDRESS **LOZANO, HECTOR**
CITY-ST-ZIP **20210 NW 52ND AVENUE
MIAMI FL 33055**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **PALOMO, FERNANDO**
CITY-ST-ZIP **2370 NE 184TH TERRACE
NO. MIAMI BEACH FL 33160**

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GARCIA, IRMA**
CITY-ST-ZIP **13361 PORT SAID ROAD
OPA LOCKA FL 33054**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition
4.2 NAME **D**
4.3 STREET ADDRESS **Frankie Ramos**
4.4 CITY-ST-ZIP **10350 W Bay harbor Dr. Apt. 7G
Bay Harbor, FL. 33154**

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (12/95)