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May 09 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 # N95000003770 (3)

1. Corporation Name

CENTRO EVANGELICO CRISTO REY, INC.



Principal Place of Business

393 SUNNY ISLE BLVD.  
MIAMI BEACH FL 33160  
US

Mailing Address

P. O. BOX 170112  
HIALEAH FL 33017-0112  
US

3. Date Incorporated or Qualified  
08/07/1995

3a. Date of Last Report  
05/01/1996

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0625592

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

MIMOSO, HECTOR  
393 SUNNY ISLE BLVD.  
MIAMI BEACH FL 33160

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 ☐ DELETE

NAME MIMOSO, HECTOR  
STREET ADDRESS 5663 NW 195TH TERRACE  
CITY-ST-ZIP MIAMI FL 33055

1.1 TITLE ☐ Change ☐ Addition

TITLE SD ☐ DELETE

NAME MIMOSO, JULIE  
STREET ADDRESS 5663 NW 195TH TERRACE  
CITY-ST-ZIP MIAMI FL 33055

1.2 NAME ☐ Change ☐ Addition

TITLE TD ☐ DELETE

NAME CORTES, NILCA  
STREET ADDRESS 5666 NW 195TH TERRACE  
CITY-ST-ZIP MIAMI FL 33055

1.3 STREET ADDRESS ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME FRANKIE RAMOS  
STREET ADDRESS 10350 W BAY HARBOR DRIVE, APT. 7G  
CITY-ST-ZIP BAY HARBOR FL

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

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

1.5 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE D ☐ DELETE

NAME GARCIA, IRMA  
STREET ADDRESS 13361 PORT SAID ROAD  
CITY-ST-ZIP OPA LOCKA FL 33054

1.6 CITY-ST-ZIP ☐ Change ☐ Addition

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.

CR2E037 (9/96)