

FILE NOW: FILING FEE IS \$61.25

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Jun 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000003770 (3)**

1. Corporation Name

CENTRO EVANGELICO CRISTO REY, INC.



Principal Place of Business	Mailing Address
393 SUNNY ISLE BLVD. MIAMI BEACH FL 33160 US	P. O. BOX 170112 HIALEAH FL 33017-0112 US

2. Principal Place of Business	2a. Mailing Address
21 8715 NW 119 ST	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hialeah Gardens, FL	28 Florida
Zip	Country
24 33016	25 USA
29	30

3. Date Incorporated or Qualified	
08/07/1995	
4. FEI Number	Applied For
65-0625592	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	
MIMOSO, HECTOR 393 SUNNY ISLE BLVD. MIAMI BEACH FL 33160	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	8715 NW 119 ST.
83	
84 City	Hialeah Gardens FL
85 Zip Code	33016

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]* **Hector Mimoso** **6/1/98**
 Signature, typed or printed name of registered agent and title (if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE	PO	<input type="checkbox"/> DELETE
NAME	MIMOSO, HECTOR	
STREET ADDRESS	5663 NW 195TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MIMOSO, JULIE	
STREET ADDRESS	5663 NW 195TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORTES, NILCA	
STREET ADDRESS	5666 NW 195TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33055	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKIE RAMOS	
STREET ADDRESS	10350 W BAY HARBOR DRIVE, APT. 7G	
CITY-ST-ZIP	BAY HARBOR FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PALOMO, FERNANDO	
STREET ADDRESS	2370 NE 184TH TERRACE	
CITY-ST-ZIP	NO. MIAMI BEACH FL 33160	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GARCIA, IRMA	
STREET ADDRESS	13361 PORT SAID ROAD	
CITY-ST-ZIP	OPA LOCKA FL 33054	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	D ALICIA NAVARRO	
6.3 STREET ADDRESS	4381 SW 12 ST	
6.4 CITY-ST-ZIP	MIAMI, FL 33134	

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.

SIGNATURE: *[Signature]* **Hector Mimoso** **6/1/98** **305-620-4433**

CR2E037 (1097)