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May 13 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # N95000005186

1. Corporation Name

Avance Cristiano, Inc.

Principal Place of Business	Mailing Address
910 Martin Luther King Blvd. Tampa, FL 33603	Same

3. Date Incorporated or Qualified: 10/30/1995
4. FEI Number: 59-3339942 ☐ 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
7. Is this nonprofit corporation a homeowners association? ☐ Yes XX No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business: 21 ___ Suite, Apt #, etc 22 ___ City & State 23 ___ Zip 24 ___ Country 25 ___

2a. Mailing Address: 26 ___ Suite, Apt. #, etc. 27 ___ City & State 28 ___ Zip 29 ___ Country 30 ___

9. Name and Address of Current Registered Agent

Registered Corporate Agents, Inc.
612 S. Greenwood Ave.
Clearwater, FL 34616

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 33756

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 Peggy Sue Hyndon, Pres. 4/30/98
Signature ... (NOTE: Registered Agent signature required when changing) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	Acosta, Alberto	
STREET ADDRESS	910 Martin Luther King Blvd.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	VD	☐ DELETE
NAME	Acota, Eva	
STREET ADDRESS	910 Martin Luther King Blvd.	
CITY-ST-ZIP	Tampa, FL 33603	
TITLE	TD	☐ DELETE
NAME	Ortiz, Elias	
STREET ADDRESS	4901 N. 19th St.	
CITY-ST-ZIP	Tampa, FL 33610	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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		XX ☒ Change ☐ Addition
2.2 NAME	Acosta, Eva	
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		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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	100002526911	
6.3 STREET ADDRESS	-05/18/98--01043--022	
6.4 CITY-ST-ZIP	***61.25	

5/13

CR2E037 (10/97)

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: Alberto Acosta 4/28/98 (813) 237-2167
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone #