

2000 UNIFORM BUSINESS REPORT (UBR)

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FILED
May 26, 2000 8:00 am
Secretary of State

04-20-2000 90018 026 ****70.00

DOCUMENT # N95000006058
1. Entity Name
INTERNATIONAL CENTER OF PRAISE, INCORPORATED

Principal Place of Business **Mailing Address**
 7205 SW 125 Ave. same
 MIAMI, FLORIDA 33183

2. Principal Place of Business **3. Mailing Address**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 City & State City & State
 Zip Country Zip Country

4. FEI Number 05-0626455 **Applied For**
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
 Ruiz, Andres I.
 8385 SW 165 Terrace
 Miami, Fl. 33152

7. Name and Address of New Registered Agent
 Name **Dugand, Jose V.**
 Street Address (P.O. Box Number is Not Acceptable)
 13903 SW 62 Terrace
 City **Miami** **FL** **Zip Code 33183**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE *JOSE V. DUGAND* **DATE** 4/7/00
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reinstating)

9. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees** **Make Check Payable to Department of State**

10. OFFICERS AND DIRECTORS

TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P	Valedon, Vincent	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5525 Sardina Street	
CITY-ST-ZIP	Coral Gables FL 33146	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	Barrera, Hernan	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	15591 SW 105 Terrace	
CITY-ST-ZIP	Miami, Fl. 33196	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S	Valedon, Blanca	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	5525 Sardina Street	
CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD ?	Ruiz, Andres I.	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	8385 SW 165 Terrace	
CITY-ST-ZIP	Miami, Fl. 33157	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Dugand, Jose V	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	10441 SW 155 CT. Apt. 922	
CITY-ST-ZIP	Miami, FL 33196	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Serpa, Jose	<input checked="" type="checkbox"/> Delete
STREET ADDRESS	2551 SW 1 Ave.	
CITY-ST-ZIP	Miami, FL 33136	

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
P	Dugand, Jose V.	
STREET ADDRESS	13903 SW 62 Terrace	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
VP	Jimenez, Eduardo	
STREET ADDRESS	9201 SW 105 Street	
CITY-ST-ZIP	Miami, FL 33176	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
S	Dugand, Jessica Lynn	
STREET ADDRESS	13903 SW 62 Terrace	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TD	Villacis, Carlos	
STREET ADDRESS	16091 SW 83 Street	
CITY-ST-ZIP	Miami, Fl 33193	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Vazquez, Daniel	
STREET ADDRESS	6636 SW 130 Place	
CITY-ST-ZIP	Miami, FL 33183	
TITLE	NAME	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
D	Govea, Juan Diego	
STREET ADDRESS	10641 SW 108 Ave. Apt. 2F	
CITY-ST-ZIP	Miami, FL 33175	

12. 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 report or supplemental reports 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *JOSE V. DUGAND* **DATE** 4-7-2000 **Daytime Phone #** 273 0028

CR2E037 (9/99)