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FILED
May 20 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 # N96000003616 (7)

1. Corporation Name

COMUNIDAD DE FE INC.



Principal Place of Business

Mailing Address

3890 N.W. 167TH STREET
MIAMI FL 33054

3890 N.W. 167TH STREET
MIAMI FL 33054-6201

3. Date Incorporated or Qualified
07/08/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 3982 NW 167 ST

26 3982 NW 167 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 MIAMI FL

28 MIAMI FL

24 33054

Country

29 33054

Country

4. FEI Number

Applied For

65-0679362

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

DAVILA, HERMAN
7815 W. 29 LANE
#202
HIALEAH FL 33016

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
NAME DAVILA, HERMAN
STREET ADDRESS 7815 W. 29TH LANE, 202
CITY-ST-ZIP HIALEAH FL 33016

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

TITLE V
NAME CHE, ROBERTO
STREET ADDRESS 15221 N.E. 6 AVENUE, 209
CITY-ST-ZIP MIAMI FL 33015

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

TITLE S
NAME CHE, ELVIRA
STREET ADDRESS 15221 N.E. 6 AVE SUITE 209
CITY-ST-ZIP MIAMI FL 33162

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

TITLE T
NAME CHE, ROBERTO
STREET ADDRESS 15221 N.E. 6 AVE SUITE 209
CITY-ST-ZIP MIAMI FL 33162

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME LOPEZ, NORBERTO
STREET ADDRESS 17820 N.W. 79 AVENUE
CITY-ST-ZIP MIAMI FL 33015

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

TITLE D
NAME MAAS, MIGUEL
STREET ADDRESS 1085 N.E. 126 STREET, #1
CITY-ST-ZIP MIAMI FL 33161

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

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

ROBERTO CHE

4/27/97

(305) 625-5828

CR2E037 (9/96)