

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000004879 (0)

1. Corporation Name

CENTRO DE VIDA ABUNDANTE INC.

Principal Place of Business

Mailing Address

1865-79 STREET #P.H.D.
NORTH BAY VILLAGE FL 33141

1865-79 STREET #7K
NORTH BAY VILLAGE FL 33141

FILED

97 SEP 29 AM 7:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 09/19/1996 3a. Date of Last Report

4. FEI Number 65-0713913 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 owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

10. Name and Address of New Registered Agent

2. Principal Place of Business
21 1125-71 Street
Suite, Apt. #, etc.

2a. Mailing Address 41-5432
26 P.O. BOX 48-5432
Suite, Apt. #, etc.

22 City & State
23 MIAMI BEACH FL 33141

27 City & State
28 MIAMI BEACH FL 33141

24 Zip 33141 Country U.S.A.

29 Zip 33141 Country U.S.A.

9. Name and Address of Current Registered Agent

GALIC, ANTONIO
6930 RUE VENDOME #3
MIAMI BEACH FL 33141

81 Name SOLANGE DE LUNA
82 Street Address (P.O. Box Number is Not Acceptable) 1865 J.F.KENNEDY CSWY #7K
83
84 City NORTH BAY VILLAGE FL 85 Zip Code 33141

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 Solange De Luna SOLANGE DE LUNA

DATE Dec. 3-97

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	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	DE LUNA, FRANCISCO	1865-79 STREET, #PHDE, SUITE 614	NORTH BAY VILLAGE FL 33141	<input type="checkbox"/>
VD	ALMEIDA, LOYDE G	6385 PINETREE DR. CIRCLE	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
SD	DE LUNA, SOLANGE	1865-79 STREET #PHD	NORTH BAY VILLAGE FL 33141	<input type="checkbox"/>
TD	GONCALVES, ESSI A	6385 PINETREE DR. CIRCLE, #2	MIAMI BEACH FL 33141	<input checked="" type="checkbox"/>
TO	ORELLANA, MARIA V	6949 ABBOTT #9	MIAMI BEACH FL 33141	<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	CHANGE	ADDITION
PRESIDENT - Dir.	FRANCISCO DE LUNA	1865 J.F.KENNEDY CSWY #7K	NORTH BAY VILLAGE FL 33141	<input type="checkbox"/>	<input type="checkbox"/>
VICE PRESIDENT - Dir.	ELIESER TAVERAS	9738 N.W 5 TERR	MIAMI FL 33172	<input checked="" type="checkbox"/>	<input type="checkbox"/>
SECRETARY - Dir.	SOLANGE DE LUNA	1865 J.F.KENNEDY CSWY #7K	NORTH BAY VILLAGE FL 33141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
	MARIA ORELLANA T/O	7135 COLLINS AVE. # 935	MIAMI BEACH FL. 33141	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

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.

SIGNATURE SIGNATURE REQUIRED (Signature of Registered Agent) 12/10/97 (200) 818 9740

CR2E037 (4/97)