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Apr 28 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortharp Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000004923 (6)**

1. Corporation Name

CUBAN AND LATIN AMERICAN BAPTIST MISSION, INC.

Principal Place of Business

Mailing Address

**5122 S.W. 5TH TERRACE
MIAMI FL 33134**

**5122 S.W. 5TH TERRACE
MIAMI FL 33134**

3. Date Incorporated or Qualified

09/23/1996

4. FEI Number

65-0753539

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

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 ☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**DIAZ, THOMAS REV.
5122 S.W. 5TH TERRACE
MIAMI FL 33134**

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

Thomas Diaz
Signature, typed or printed name of registered agent and type if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

3/16/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **PD
DIAZ, THOMAS REV.
STREET ADDRESS
5122 S.W. 5TH TERRACE
CITY-ST-ZIP
MIAMI FL 33134**

TITLE ☐ DELETE

NAME **VD
PEREZ, JUAN B
STREET ADDRESS
5122 S.W. 5TH TERRACE
CITY-ST-ZIP
MIAMI FL 33134**

TITLE ☐ DELETE

NAME **SD
LEON, JOSE N
STREET ADDRESS
5122 S.W. 5TH TERRACE
CITY-ST-ZIP
MIAMI FL 33134**

TITLE ☐ DELETE

NAME **D
VEGUILLA, ELIEZER DR
STREET ADDRESS
4301 W. FLAGGER, APT A-10
CITY-ST-ZIP
MIAMI FL 33126**

TITLE ☐ DELETE

NAME **D
MESA, RAMON DR
STREET ADDRESS
9620 S.W. 20 TERR.
CITY-ST-ZIP
MIAMI FL 33165**

TITLE ☐ DELETE

NAME **T
ZAMBRANO, ELESBAN REV
STREET ADDRESS
3544 S.W. 11 ST.
CITY-ST-ZIP
MIAMI FL 33135**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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, upon an attachment with an address.

SIGNATURE:

Thomas Diaz
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/16/98 (305) 5672946

CR2E037 (10/97)