

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000006410 (2)

1. Corporation Name

CENTRO DE INFORMACION RELIGIOSA, INC.

Principal Place of Business

130 NW 59TH CT.
MIAMI FL 33126

Mailing Address

130 NW 59TH CT.
MIAMI FL 33126-4748

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA



2. Principal Place of Business		2a. Mailing Address	
21 19024 N.W. 67 PLACE	26 19024 N.W. 67 PLACE		
Suite, Apt. #, etc.	Suite, Apt. #, etc.		
22 MIAMI GARDENS, FL 33015	27 MIAMI GARDENS, FL 33015		
City & State	City & State		
23 MIAMI GARDENS, FL	28 MIAMI GARDENS, FL		
Zip	Country		
24 33015	25 USA		
29 33015	30 USA		

3. Date Incorporated or Qualified	3a. Date of Last Report
12/17/1996	
4. FEI Number	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FRADE, MANUEL H
130 NW 59TH CT.
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	LOPEZ, FRANK L.
82 Street Address (P.O. Box Number is Not Acceptable)	910-80 ST
83 APT #2	
84 City	MIAMI BEACH
85 Zip Code	FL 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 *Frank L. Lopez* 10-17-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	D LOPEZ, FRANK L.
STREET ADDRESS		1.3 STREET ADDRESS	910-80 ST., APT 2
CITY-ST-ZIP		1.4 CITY-ST-ZIP	MIAMI BEACH, FL 33141
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	D LOBAINA, FLAVIO E.
STREET ADDRESS		2.3 STREET ADDRESS	4721 S.W. 112 AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	MIAMI, FL 33165
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	D GONZALEZ, JOSE
STREET ADDRESS		3.3 STREET ADDRESS	19024 N.W. 67 PL
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI GARDENS, FL 33015
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	300002352103-9
STREET ADDRESS		4.3 STREET ADDRESS	-11/19/97-01087-006
CITY-ST-ZIP		4.4 CITY-ST-ZIP	*****61.25 *****61.25
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 on an attachment with an address.

CR2E037 (9/96)