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Feb 17 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

DOCUMENT # **N97000003046 (6)**

1. Corporation Name

CENTRO CRISTIANO DE ALABANZA, INCORPORATED

Principal Place of Business	Mailing Address
2863 SW 69TH CT. MIAMI FL 33155	2863 SW 69TH CT. MIAMI FL 33155

3. Date Incorporated or Qualified: 05/28/1997

4. FEI Number: 65-0626455 ☐ 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

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

2. Principal Place of Business	2a. Mailing Address
21 7205 SW 125 Ave	26 7205 SW 125 Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: Miami, Fl	28 City & State: Miami, Fl
24 Zip: 33183 25 County: Dade	29 Zip: 33183 30 County: Dade

9. Name and Address of Current Registered Agent

~~VALEDON, BLANCA D~~
~~5525 SARDINIA ST.~~
~~CORAL GABLES FL 33146~~

10. Name and Address of New Registered Agent

81 Name: Andres I. Ruiz
82 Street Address (P.O. Box Number is Not Acceptable): 8385 SW 165 Ter
83
84 City: Miami FL 85 Zip Code: 33157

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] Treasurer 1/12/98
Signature, type or print 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	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	VALEDON, VINCENT		1.2 NAME		
STREET ADDRESS	5525 SARDINIA ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		1.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	BARRERA, HERNAN		2.2 NAME		
STREET ADDRESS	15591 SW 105TH TERR.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33196		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	VALEDON, BLANCA D		3.2 NAME		
STREET ADDRESS	5525 SARDINIA ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL 33146		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	RUIZ, ANDRES		4.2 NAME		
STREET ADDRESS	8385 SW 165 TERR.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33157		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	JIMENEZ, EDWARDO		5.2 NAME	Jose Victor Duggand	
STREET ADDRESS	9201 SW 105TH ST.		5.3 STREET ADDRESS	10441 SW 155 CT Apt 922	
CITY-ST-ZIP	MIAMI FL 33176		5.4 CITY-ST-ZIP	Miami, Fl 33196	
TITLE		☐ DELETE	6.1 TITLE	D	☐ Change ☒ Addition
NAME			6.2 NAME	Jose Serpa	
STREET ADDRESS			6.3 STREET ADDRESS	2550 SW 1 Ave	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	Miami, Fl 33135	

CR2E037 (10/97)

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, or on an attachment with an address.

SIGNATURE: [signature] 1/12/98 305-2543355
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # optional