.2000	ONIFORM BUSI	ME33 KEPO	ui îodi	n,				Ş	
DOCUMENT # N9800000509									
MINISTE	RIO EVANGELISTICO INTERN	national puerta al	y ž			JECRE JIVISION (HILED PARY OF STAT OF CORPORAT	IE Invis	
Principal Plac	ce of Business	Mailing Address				OI MAD		iou	
3620 NORTHWEST 30TH AVENUE SUITE D402 MIAMI FL 33142		3620 NORTHWEST 30TH AVENUE SUITE D402 MIAMI FL 33142-5188				MAITTO	-5 PM 4:0	7	
2. Principal F	Place of Business	3. Mailing Address							
Suite, Apt.		Suite, Apt. #, etc.	-		PEINS.	DO:NOT-WRITE I	IN THIS SPACE	1-191	
City & State MIRMI, FL.		City & State MIAMI FL.			4. FEI Number Applied For				
=Zip 331	Country	33125	Country US-A		5. Certificate		- \$8.75 Ad	ditional	
•	6. Name and Address of Current	Registered Agent			7. Name and	Address of New Reg	istered Agent		
			Name	LAZ	O LEC	NEL			
LAZO, LEONEL Street Address					(P.O. Box Number is Not Acceptable)				
3620 NORTHWEST 30TH AVENUE SUITE D402 MIAMI FL 33142				1861 N.W. 6 ST.					
MIAMI FL	33142		City		16	27512	Zip Cod	ie	
O The chave	and another a should thin alabamant for	the number of changing its	printered office a	IAP	11 HOLD	KIDA		25	
8. The above	e named entity submits this statement for	rthe purpose of changing its re	egistered office o	r registere	Social content Soci				
	Stered		Honor !	1		11	7-11-00		
SIGNATURE .	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE:	Registered Agent signat	ture required	when reinstating)	. 10	DATE		
								Commence of the second	
FILE NOW: 9. Election Campaign FEE IS \$61.25 Trust, Fund Contribu			40.00 May be						
	FEE IS \$61.25	masi, and commut	ion.	Added	to rees	Depa	rtment of State		
10.	OFFICERS AND DIF	ECTORS	11.	Δ	VDDITIONS/CHA	NGES TO OFFICERS			
TITLE	PD .	☐ Delete	TITLE	i ,				☐ Addition 8	
NAME STREET ADDRESS	LAZO, LEONEL 3620 NORTHWEST 30TH AVENU	F SHITE DADO	NAME STREET ADDRESS		5	000038	319785	0005	
CITY-ST-ZIP	MIAMI FL 33142	L OUTL DAGE	CITY-ST-ZIP		ت کست ب ر	*******	0101000 1125 *****	61.25	
TITLE	TD ·	☐ Delete	TITLE	}- - 	. ~	,	Change	☐ Addition ☐	
name Street address-	COLLADO, LEONARDO 3620 NORTHWEST 30TH AVENU	E CIME DAGO	NAME STREET ADDRESS					- ' ুক	
CITY-ST-ZIP	MIAMI FL 33142	E 3011E 10402	CITY-ST-ZIP	,	-27	-03/09/	0101008	-010	
TITLE	SD	☐ Delete	TITLE			*****			
NAME	LAZO, REYNA	E OUTE DAG	NAME .	_ 		t / 1+			
STREET ADDRESS CITY-ST-ZIP	3620 NORTHWEST 30TH AVENU MIAMI FL 33142	E SUITE D402	STREET ADDRESS CITY-ST-ZIP				•)	
TITLE	INIPANI FL 33142	☐ Delete	TITLE	 -		·	Change Change	- <u>Cadditio</u> n	
NAME			NAME	San Barrey of a second	<u> </u>	0000038	319785		
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	1	20		5.00 ****1	75.00	
TITLE		☐ Delete	TITLE	<u> </u>	. باستعدا	1	Change	[] Addition	
NAME			NAME	;~ 	are Liter	0= 0	-	_	
STREET ADDRESS CITY-ST-ZIP			STREET ADDRESS CITY-ST-ZIP	(.		// \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	b i	اكدور	
TITLE		☐ Delete	TITLE	ت بتنا	£	- April	Channe	C Addition	
NAME			NAME .			/	ட பெயிச		
STREET ADDRESS			STREET ADDRESS			\			
CITY-ST-ZIP		Al-1- Pill	CITY-ST-ZIP	1		. 5			
indicated	certify that the information supplied with on this report or supplemental report is	true and accurate and that my	ne exemption sta v signature shall h	ited in 560 nave the s	ame legal effect), Fiorida Statutes. I fu as if made under cett	rtner certify that the i	miormation	

indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

IGNATURE:

SIGNATURE AND TYPEOOR FRINTS—NAME OF SIGNING OFFICER OR DIRECTOR

Date

Date

Date

Date

Description 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 10 or Block 11 if 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 10 or Block 11 if 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 10 or Block 11 if 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 10 or Block 11 if 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 10 or Block 11 if the corporation 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 10 or Block 11 if the corporation of the corporation or the receiver or trustee empowered to execute the corporation or the receiver or trustee empowered to execute the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the corporation of the corporation or the receiver or trustee empowered to execute the corporation of the c

SIGNATURE: ___