07261999-90012-035-$150.00-$150.00

FILED
Jul 26, 1999 8:00 am
Secretary of State
07-26-1999 90012 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000000683

1. Corporation Name
JESUCRISTO CAMINO DE LUZ, INC.

614829 - 90001 - 28

Principal Place of Business	Mailing Address
517 Peppermill Circle Kissimmee, FL 34758	SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/05/1998

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3491480 ☐ 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. This corporation owes the current year Intangible Personal Property Tax ☐ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
JOHN LUCENA 517 PEPPERMILL CIRCLE KISSIMMEE, FL 34758	31 Name 32 Street Address (P.O. Box Number is Not Acceptable) 33 34 City FL 35 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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 607.0505, Florida Statutes.

SIGNATURE: [signature] DATE: 07/07/99
Signature of new registered agent, and FEI # if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE D ☐ DELETE NAME JOHN Lucena STREET ADDRESS 517 Peppermill Circle CITY-ST-ZIP Kissimmee, FL 34758	1.1 TITLE ☐ Change ☐ Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME JUAN GOMEZ STREET ADDRESS 6057 ELM STONE CIRCLE CITY-ST-ZIP ORLANDO, FL 32809	2.1 TITLE ☐ Change ☐ Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE ☐ DELETE NAME AMPARO DE LA ROCHA STREET ADDRESS 306 ROYAL PALM CITY-ST-ZIP KISSIMMEE, FL 34743	3.1 TITLE ☐ Change ☐ Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE T ☐ DELETE NAME SILVIA Solarte STREET ADDRESS 517 peppermill circle CITY-ST-ZIP KISSIMMEE FL 34758	4.1 TITLE ☐ Change ☐ Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE T ☐ DELETE NAME ELIZABETH GOMEZ STREET ADDRESS 6057 ELM STONE circle CITY-ST-ZIP ORLANDO FL 32809	5.1 TITLE ☐ Change ☐ Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE T ☐ DELETE NAME Clio Solarte STREET ADDRESS 748 LUCAYA DR CITY-ST-ZIP KISSIMMEE FL 34758	6.1 TITLE ☐ Change ☐ Addition 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: [signature] 07/07/99 407-931-3812
SIGNATURE AND TYPED OR PRINTED NAME OF ANNUAL OFFICER OR DIRECTOR — Date — Daytime Phone #