

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

FILED  
May 07, 1999 8:00 am  
Secretary of State

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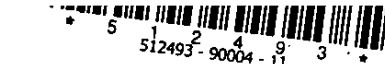
DOCUMENT # N98000001098

1. Corporation Name

CENTRO EVANGELISTICO LA TROMPETA FINAL, INC.

Principal Place of Business  
4019 CARAMBOLA CIRCLE NORTH  
COCONUT CREEK FL 33066

Mailing Address  
4019 CARAMBOLA CIRCLE NORTH  
COCONUT CREEK FL 33066



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
02/25/1998

21 Suite, Apt. #, etc.

26 P.O. Box 822207  
Suite, Apt. #, etc.

4. FEI Number  
65-0821341

Applied For  
Not Applicable

23 City & State

27 City & State  
South Florida, FL

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

24 Zip Country

28 Zip Country  
33082 USA

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name Aixa M. Diaz  
82 Street Address (P.O. Box Number is Not Acceptable)  
1591 NW 159 AVENUE  
83  
84 City Pembroke Pines FL 85 Zip Code 33028

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 *Aixa Diaz*  
Signature, typed or printed name of registered agent and title if applicable.

*Aixa Diaz*  
(NOTE: Registered Agent signature required when reinstating)

4-29-99  
DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE  
NAME DOMINGUEZ, MAGDALENO  
STREET ADDRESS 4019 CARAMBOLA CIRCLE NORTH  
CITY-ST-ZIP COCONUT CREEK FL 33066

1.1 TITLE DIRECTOR ☐ Change ☒ Addition  
1.2 NAME IRAIDA ARROYO  
1.3 STREET ADDRESS 4019 CARAMBOLA CIRCLE NORTH  
1.4 CITY-ST-ZIP COCONUT CREEK, FL 33066

TITLE D ☒ DELETE  
NAME MIRANDA, VINCENTE  
STREET ADDRESS 4019 CARAMBOLA CIRCLE NORTH  
CITY-ST-ZIP COCONUT CREEK FL 33066

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE  
NAME DIAZ, JOSE L  
STREET ADDRESS 4019 CARAMBOLA CIRCLE NORTH  
CITY-ST-ZIP COCONUT CREEK FL 33066

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 617, 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:

*Aixa Diaz*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-29-99 954-480-8863  
Date Daytime Phone #

CR2E037 (1/98)