FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

ANNUAL REPORT

1995

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 28 PM 4:14

DOCUMENT # P36997 (5)

1. Entity Name

TALLER DE ORACION Y VIDA, INC.

Principal Place of Business	Mailing Address
ONE GROVE ISLE. #407 COCONUT GROVE FL 33133	ONE GROVE ISLE. #407 COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 12/26/1991	3a. Date of Last Report: 06/24/1994
4. FEI Number: 65-0314689	☐ 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
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: ☐ Yes ☐ No	

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

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
ADILA, GLORIA 15146 SW 94TH TERR MIAMI FL 33196	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: _____ DATE

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DCV	11 TITLE		☐ Change ☐ Addition
NAME	LUQUIN, CAMILO	12 NAME		
STREET ADDRESS	LLANO SUBER CASEUX	13 STREET ADDRESS		
CITY-ST-ZIP	SANTIAGO, CHILE	14 CITY-ST-ZIP		
TITLE	DP	21 TITLE		☐ Change ☐ Addition
NAME	ROJAS, MARIA INES	22 NAME		
STREET ADDRESS	CALLE EL RODEO 13555	23 STREET ADDRESS		
CITY-ST-ZIP	SANTIAGO, CHILE	24 CITY-ST-ZIP		
TITLE	DT	31 TITLE		☐ Change ☐ Addition
NAME	ABAUNZA, LEONIDAS	32 NAME		
STREET ADDRESS	ONE GROVE ISLE #407	33 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	34 CITY-ST-ZIP		
TITLE	D	41 TITLE		☐ Change ☐ Addition
NAME	ABAUNZA, GLADYS	42 NAME		
STREET ADDRESS	ONE GROVE ILSE #407	43 STREET ADDRESS		
CITY-ST-ZIP	COCONUT GROVE FL	44 CITY-ST-ZIP		
TITLE	DS	51 TITLE		☐ Change ☐ Addition
NAME	ARDILA, GLORIA	52 NAME		
STREET ADDRESS	15146 SW 94TH TERR	53 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Gloria Ardila 2/28/95 (305) 382-4844

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

0130710 CP