## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

1997

DOCUMENT # **P95000068675** (4)

AGENCIA CRISTIANA CUBANA, INC.

| 3. Date Incorporated or Qualified  |   |
|--|---|
| 08/29/1995   | 3e. Date of Last Report 05/01/1996            |
| 2. Principal Place of Business 2a. Mailing Address 4. FEI Number   | Applied For                                   |
| 26   65-0606522  | Not Applicable \$8.75 Additional              |
| 5. Certificate of Status Desired   | Fee Required                                  |
| City & State City & State 6. Election Campaign Financing   | \$5.00 May Be                                 |
| 23 Trust Fund Contribution   | Added to Fees                                 |
| Zip Country Zip Country 8. This corporation has liability for  | intangible tax under s. 199.032,              |
| 24 25 29 30 Florida Statutes L 9, Name and Address of Current Registered Agent 10, Name and Address of New Ro  |   |
| DOMINGUEZ, CARMEN B1 Name  | <u> </u>                                      |
| 9774 SW 8 STREET  82 Street Address (P.O. Box Number is Not Accepta  | hle)  |
| MIAMI FL 33174   | 0.07  |
| 83   |   |
| 84 City  | 85 Zip Code                                   |
| 14. Uses and to the exercisings of Sections 507 (E02 and 607 1500 Elevide Statutes, the phone period corporation submits this statement for the  | Purpose of changing its registered            |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. I hereby accessing agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE | pt the appointment as registered              |
| Signature, legislation personal responsive degent and title in applicable (NOTE: Registered Agent signature required when reinstating)   | DATE  |
| 12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFI LIFE D DELETE 1.1 TITLE VICE PREGIDENT   |   |
| LUIF D DELETE 1.1 TITLE VIOC PRESIDENT 1.2 NAME GERRY DOMINGUEZ, CARMEN 1.2 NAME GERRY DOMING  | Uez de la |
| STREET ACCORESS 9774 SW 8 STREET 6W 8 ST   |   |
|  | 10174   |
| TILE DELETE 21 TILE  | Change Addition                               |
| NAME 22 NAME   |   |
| STHEET ADDRESS 23 STREET ADDRESS   |   |
| CHY-S1-ZIP   | Change Addition                               |
|  | Chende Chypotron                              |
| NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS  |   |
| CITY - S1 - 21P  |   |
| INLE DELETE 4.1 TITLE  | Change Addition                               |
| NAME 4.2 NAME  |   |
| STREET ADDRESS 4.3 STREET ADDRESS  |   |
| \  |   |
| CHY-ST-ZIP 4.4 CHY-ST-ZIP  |   |
| CHY-ST-ZIP   | Change Addition                               |
| CHY-ST-ZIP   | Change Addition                               |
|  | ☐ Change ☐ Addition                           |
| CHY-ST-ZIP   |   |
|  | Change Addition                               |

SIGNATURE:

14. I do hereby certify that the information supplied information indicated on this annual import or Lam an officer or director of the comporation appears in Block 12 or Block 13 if manager.

with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida Statutes. I further certify that the polemontal annual report is true and escurate and that my signature shall have the same legal effect as if made under oath; that he receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

**FILED** 

May 02 1997 8:00am

Secretary of State