**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # P9700095677

1. Corporation Name

AMANECER CHRISTIAN NETWORK INC.

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90037 007 \*\*\*150.00



Principal Plac	e of Business	Mailing Address		Transland? IIM (Still land) and it and it has	i <b>du</b> at <b>o como o</b> ntre diver di	
4440 SW 3 STREET 4440 SW 3 STREET MIAMI FL 33134 MIAMI FL 33134						
			DO NOT WRITE IN THIS SPACE			
				3. Date Incorporated or Qualified	THIS STAGE	
				11/07/1997		}
2. Principal Place of Business 2a. Mailing Address			? ^	4. FEI Number	App	lied For
21 1900 Coral Way 26 1900 Cora		Way	65-0793493	<del>  -   -  </del>	Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.		-/-		\$8.75 A	dditional	
22 203 27 203			5. Certificate of Status Desired .	Fee Rec		
City & State City & State		~/.	6. Election Campaign Financing	\$5.00	May Be	
23 MiAMI, Y/A 28 MiAMI		-/A	Trust Fund Contribution	Added to	Fees	
			Country	8. This corporation owes the current ye		ne.
24 22 /	43 25 VSA	29 33145 30	USA _	Personal Property Tax.		<u>1</u> 9€0
<u> </u>	9. Name and Address of Curren	t Registered Agent	81 Name	10 Name and Address of New Regist	ered Agent	
MAC	TINEZ PODOLEO S		81 Name	MANN LOPEZ		
MARTINEZ, RODOLFO S 4440 SW 3 STREET			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	r 23	]
MIAMI FL 33134			83	982 SW BST	*	
IMIN	WII FE 33 134		63	~		
			84 City	2.0	85 Zip C	ode
		O I COZ 4500 Florido Statutos M	1011	poration submits this statement for the purpo	FL 33	registered
office or r	registered agent or both in the State	of Florida. Such change was authori	ized by the comoration	on's board of directors. I hereby accept the	appointment as reg	istered
agent. I a	am familiar with and arcept the obligation	tions of, Section 807.0505, Florida S	Statutes.	· L	- 6 a 60	
SIGNATURE	Stanature, typed or printed name of registered agen	RANK LOPEZ, V.	ICE MUSICAL tered Agent signatura require	ed when reinstating) DA	<u> </u>	<u>.                                    </u>
12.			13.	ADDITIONS/CHANGES TO OFFICE	7 7	RS-IN 12
TITLE	PD	[7] cee	.1 TITLE		☐ Change	Addition
NAME	MARTINEZ, RODOLFO S	1	.2 NAME			
STREET ADDRESS		1	3 STREET ADDRESS			ļ
CITY-ST-ZIP	MIAMI FL 33134		4 CITY-ST-ZIP		•	
TITLE	VD		L1 TITLE		☐ Change	☐ Addition
NAME	CARIAS, RENAN	. 2	.2 NAME			
STREET ADDRESS	44-44 AM ATO	2	3 STREET ADDRESS		•	1
CITY-ST-ZIP	MIAMI FL	2	4 CITY-ST-ZIP	- Land Comment of the Comment	ليبيين مجادرينسيدر	<u> </u>
TITLE	SD	☐ DELETE 3	3.1 TITLE		☐ Change	Addition
NAME	LOPEZ, FRANCISCO	3	3.2 NAME			ļ
STREET ADDRESS	**** ***	3	.3 STREET ADDRESS			1
CITY-ST-ZIP	MIAMI FL 33134	3	i.4. CITY-ST-ZIP		*****	
TITLE	TD	☐ DELETE 4	.1 TITLE		☐ Change	☐ Addition
NAME	GUERRA, ROSA		. 2 NAME			
STREET ADDRESS		■ 4				
CITY-ST-ZIP	MIAMI FL 33134		.3 STREET ADDRESS			
		4	3 STREET ADDRESS 4 CITY-ST-ZIP		le M	
TITLE	VD	4		· · · · · · · · · · · · · · · · · · ·	☐ Change	Addition
TITLE NAME		4 4 ☐ DELETE 5	4 CITY-ST-ZIP		☐ Change	☐ Addition
	VD QUINONES, ELVIN	4 4 ☐ DELETE 5	4 CITY-ST-ZIP 5.1 TITLE	<u> </u>	☐ Change	☐ Addition
NAME	VD QUINONES, ELVIN	DELETE 5 5 5	4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		<del>.</del>	
NAME STREET ADDRESS	VD QUINONES, ELVIN 4440 SW 3 STREET	DELETE  DELETE  DELETE  DELETE  DELETE	4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 5.1 TITLE	·	☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP	VD QUINONES, ELVIN 4440 SW 3 STREET MIAMI FL 33134	DELETE  DELETE  DELETE  DELETE  DELETE	4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	·	<del>.</del>	

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.

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP