

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000000747 (5)

1. Corporation Name

TEMPLO BAUTISTA RENACER, INC.



Principal Place of Business

Mailing Address

5854 W UNIVERSITY BLVD
JACKSONVILLE FL 32216

P.O. BOX 19696
JACKSONVILLE FL 32245-9696

3. Date Incorporated or Qualified
02/14/1994

3a. Date of Last Report
10/10/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
59-3256752

Applied For
Not Applicable

5. Certificate of Status Desired XPSX

\$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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BOSQUE, JOSE L
1000 BAISDEN RD
JACKSONVILLE FL 32218

81 Name
Bosque, Jose L.

82 Street Address (P.O. Box Number is Not Acceptable)

1030 Baisden Rd.

83

84 City

Jacksonville

FL

85 Zip Code
32218

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSQUE, JOSE L	1.2 NAME	
STREET ADDRESS	1030 BAISDEN RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSQUE, CARLOS	2.2 NAME	
STREET ADDRESS	1020 BAISDEN RD	2.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOSQUE, MARIO	3.2 NAME	
STREET ADDRESS	1000 BAISDEN RD	3.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32218	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACHECO, NELSON	4.2 NAME	
STREET ADDRESS	8065 BUCHANON CT	4.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORALES, ARIEL	5.2 NAME	
STREET ADDRESS	7819 LADY SMITH LN.	5.3 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL 32244	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	MENA, JORGE
STREET ADDRESS		6.3 STREET ADDRESS	11485 Mandarin Glen Cir. E.
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Jacksonville, FL 32223

700002074437
-01/31/97--01007--051
***70.00

14. I do 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President 1/21/97
JOSE L. BOSQUE 904-737-1000

CR2E037 (9/96)