| <b>End:</b> 4.7 Marrie   |  |                                      | _   |                                    |
|--|--|--------------------------------------|---|------------------------------------|
|  | e: MINISTERIO INTERNACIONAL HE   | CHOS APOSTOLICOS                     | , INC. S                                  | Secretary of State<br>CC4512816985 |
| Current Pri<br>2800 BROADV<br>FORT MYERS   |  |                                      |   | 664312010303                       |
| Current Ma   | iling Address:   |                                      |   |                                    |
| 308 FAIRVI<br>FORT MYE   | EW AVE<br>RS, FL 33905 US  |                                      |   |                                    |
| FEI Number: 06-1802542 Certificate   |  | Certificate of S                     | tatus Desired: Yes                        |                                    |
| Name and A   | Address of Current Registered Agen   | nt:                                  |   |                                    |
| PARRA, WILLI<br>2800 BROADV<br>FORT MYERS  |  |                                      |   |                                    |
|  | ,  |                                      |   |                                    |
| The above name   | d entity submits this statement for the purpose of char  | nging its registered office or regis | tered agent, or both, in t                |                                    |
| The above name   | ed entity submits this statement for the purpose of char<br>E:   | nging its registered office or regis | tered agent, or both, in t                | 02/27/2017                         |
| The above name   | d entity submits this statement for the purpose of char  | nging its registered office or regis | tered agent, or both, in t                |                                    |
| The above name<br>SIGNATUR   | ed entity submits this statement for the purpose of char<br>E:   | nging its registered office or regis | tered agent, or both, in t                | 02/27/2017                         |
| The above name<br>SIGNATUR   | ed entity submits this statement for the purpose of char<br>E: PARRA WILLIAM<br>Electronic Signature of Registered Agent   | nging its registered office or regis | tered agent, or both, in t                | 02/27/2017                         |
| The above name<br>SIGNATUR<br>Officer/Dire   | ed entity submits this statement for the purpose of char<br>E: PARRA WILLIAM<br>Electronic Signature of Registered Agent<br>ector Detail :   |                                      |   | 02/27/2017<br>Date                 |
| The above name<br>SIGNATUR<br>Officer/Dire<br>Title  | ed entity submits this statement for the purpose of char<br>E: <u>PARRA WILLIAM</u><br>Electronic Signature of Registered Agent<br>ector Detail :<br>C/P   | Title                                | S/D                                       | 02/27/2017<br>Date                 |
| The above name<br>SIGNATUR<br>Officer/Dire<br>Title<br>Name  | ed entity submits this statement for the purpose of char<br>E: <u>PARRA WILLIAM</u><br>Electronic Signature of Registered Agent<br>ector Detail :<br>C/P<br>PARRA, WILLIAM<br>308 FAIRVIEW AVE                       | Title<br>Name                        | S/D<br>PARRA, RUBIELA<br>308 FAIRVIEW AVI | 02/27/2017<br>Date<br>S<br>E       |
| The above name<br>SIGNATUR<br>Officer/Dire<br>Title<br>Name<br>Address                             | ed entity submits this statement for the purpose of char<br>E: PARRA WILLIAM<br>Electronic Signature of Registered Agent<br>ector Detail :<br>C/P<br>PARRA, WILLIAM<br>308 FAIRVIEW AVE                              | Title<br>Name<br>Address             | S/D<br>PARRA, RUBIELA<br>308 FAIRVIEW AVI | 02/27/2017<br>Date<br>S<br>E       |
| The above name<br>SIGNATUR<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:          | ed entity submits this statement for the purpose of char<br>E: PARRA WILLIAM<br>Electronic Signature of Registered Agent<br>ector Detail :<br>C/P<br>PARRA, WILLIAM<br>308 FAIRVIEW AVE<br>FORT MYERS FL 33905       | Title<br>Name<br>Address             | S/D<br>PARRA, RUBIELA<br>308 FAIRVIEW AVI | 02/27/2017<br>Date<br>S<br>E       |
| The above name<br>SIGNATUR<br>Officer/Dire<br>Title<br>Name<br>Address<br>City-State-Zip:<br>Title | ed entity submits this statement for the purpose of char<br>E: PARRA WILLIAM<br>Electronic Signature of Registered Agent<br>ector Detail :<br>C/P<br>PARRA, WILLIAM<br>308 FAIRVIEW AVE<br>FORT MYERS FL 33905<br>DT | Title<br>Name<br>Address             | S/D<br>PARRA, RUBIELA<br>308 FAIRVIEW AVI | 02/27/2017<br>Date<br>S<br>E       |

2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N0700000954

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.

## SIGNATURE: WILLIAM PARRA

Electronic Signature of Signing Officer/Director Detail

PRESIDENT

FILED Feb 27, 2017