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: ORSON VILA SANTOYO

Electronic Signature of Signing Officer/Director Detail

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N1300008642

Entity Name: CENTRO DE AVIVAMIENTO CRISTIANO MIAMI, INC.

Current Principal Place of Business:

6265 SW 8 ST MIAMI, FL 33144

Current Mailing Address:

5355 W 6TH AVE HIALEAH, FL 33012 US

FEI Number: 46-3798978

Name and Address of Current Registered Agent:

VILA SANTOYO, ORSON REV. 5355 W 6TH AVE HIALEAH, FL 33012 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Officer/Director Detail :

Title	Р	Title	VP
Name	VILA SANTOYO, ORSON REV.	Name	MORALES, NOEMI REV.
Address	5355 W 6TH AVE	Address	5355 W 6TH AVE
City-State-Zip:	HIALEAH FL 33012	City-State-Zip:	HIALEAH FL 33012

Date

03/28/2016 Date

FILED Mar 28, 2016 Secretary of State CC7014757211

Certificate of Status Desired: No

PRESIDENT