


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90186 044 \*\*\*\*61.25

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<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 744831</b>					
1. Corporation Name <b>FUNDACION MISIONERA REDENCION, INC.</b>					
Principal Place of Business 15611 NW 45 AVENUE CAROL CITY FL 33056			Mailing Address 3930 NW 175TH ST. CAROL CITY FL 33056		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/03/1978	
22 City & State		27 City & State		4. FEI Number 59-2821510	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
POLANCO, LUGINIO (REV) 121 N.W. 4TH. AVE. DANIA, FL FL 33004			81 Name		
			82 Street Address (P.O. Box Number is Not Acceptable)		
			83		
			84 City		
			85 Zip Code		
			FL		
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, and accept the obligation of Section 617.0503, Florida Statutes.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____					
12. OFFICERS AND DIRECTORS					
TITLE	PD	<input type="checkbox"/> DELETE			
NAME	POLANCO, LUGINIO (REV)				
STREET ADDRESS	3930 N.W. 175TH ST.				
CITY-ST-ZIP	CAROL CITY FL 33056				
TITLE	VP	<input type="checkbox"/> DELETE			
NAME	RODRIGUEZ, LUCIANO				
STREET ADDRESS	9 ARABIA AVE.				
CITY-ST-ZIP	OPA-LOCKA FL				
TITLE	SD	<input type="checkbox"/> DELETE			
NAME	POLANCO, EVA				
STREET ADDRESS	3930 N.W. 175TH ST.				
CITY-ST-ZIP	CAROL CITY FL 33056				
TITLE	TD	<input type="checkbox"/> DELETE			
NAME	RODRIGUEZ, EVA				
STREET ADDRESS	9 ARABIA AVE.				
CITY-ST-ZIP	OPA-LOCKA FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ALAGASTINO, HECTOR				
STREET ADDRESS	4040 N.E.				
CITY-ST-ZIP	POMPANO BEACH FL				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	ALASASTINO, HERMINIA				
STREET ADDRESS	4040 N.E.				
CITY-ST-ZIP	POMPANO BEACH FL				
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
3.2 NAME					
3.3 STREET ADDRESS					
3.4 CITY-ST-ZIP					
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
4.2 NAME					
4.3 STREET ADDRESS					
4.4 CITY-ST-ZIP					
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
5.2 NAME					
5.3 STREET ADDRESS					
5.4 CITY-ST-ZIP					
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition			
6.2 NAME					
6.3 STREET ADDRESS					
6.4 CITY-ST-ZIP					

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 617, 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.

SIGNATURE: *Rev. LUGINIO POLANCO* PD. *Lug Polanco* 5/11/99-624-3822 PH. 305

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)