1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## **DOCUMENT # N17579**

Corporation Name

## MINISTERIO NUEVA JERUSALEN INTERNACIONAL INCORPO RATED

Principal Place of Business 5400 SW 122 AVENUE

2. Principal Place of Business

Suite, Apt. #, etc.

MIAMI FL 33175

Mailing Address

5400 SW 122 AVENUE MIAMI FL 33175

2a. Mailing Address

Suite, Apt. #, etc.

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## FILED Apr 30, 1999 8:00 am § Secretary of State

04-30-1999 90141 008 \*\*\*\*61.25



Applied For-

3. Date incorporated or Qualifed

10/29/1986

4. FEI Number

22		27			<b>59-2732176</b>	No:	t Applicable	
City & State		City & State				\$8.75 A	dditional	
23	28				5. Certifcate of Status Desired	Fee Re	Fee Required	
Zip	Country Zip		Countr	v	6. Election Campaign Financing	\$5.00	May Re	
24	25	<del></del>	30	•	Trust Fund Contribution	Added to		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
	Hamo and Addidus of Contone	regionio vigani	8	1 Name				
CORDONES, DEYANIRA				2 Street Addr	et Address (P.O. Box Number is Not Acceptable)			
	122 AVENUE		8:	2				
Miami Fl	33175		"	٦	•			
			8	4 City		85 Zip C	Code	
	·					<b>-L</b>		
11. Pursuant	to the provisions of Sections 617.0502	and 617.1508, Florida Statute	s, the abo	ve-named corp	poration submits this statement for the purpose on's board of directors. I hereby accept the ap	e of changing its pointment as re	registerea sistered	
agent. I a	m familiar with, and accept the obligati	ons of, Section 617.0503, Flor	rida Statute	s.	on a board or directors. I hereby decept and ap	,	,	
SIGNATURE	Ţ,			•				
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable. (NOTE:	Registered Ag	ent signature require				
12.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS			
TITLE	PTD	☐ DELETE	1.1 TITLE	7	PRES.	Change	Addition	
NAME	CORDONES, RICHARD		1.2 NAME	·/				
STREET ADDRESS			1.3 STRE	ET ADDRESS	•	**		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-	ST-ZIP				
TITLE	SD	☐ DELETE	2.1 TITLE			. Change	☐ Addition	
NAME	CORDONES, DEYANIRA	•	2.2 NAME	:				
STREET ADDRESS	100 SW 122 AVE		23 STRE	ET ADDRESS				
	MIAMI FL		2.4 CITY					
CITY-ST-ZIP	D DELETE		3.1 TITLE		TREASURER	) ange	Addition	
		<b>—</b>	3.2 NAME		TREASURER  DANIEL CORDONES  14165 SW 142 CT			
NAME	DASILVAM LUIS REV.			F 40000000 4	14115 SW 142 CT	#2401	 	
STREET ADDRESS	• . • • • • • • • • • • • • • • • • •	•		ET ADDRESS /	Minni 6/ 13/03			
CITY-ST-ZIP	MIAMI FL	POELETE	3.4. CITY-	-ST-ZIP	MIAMI, Fl. 33/83	Change	Addition	
TITLE	D	DELETE	4.1 TITLE	1 -	DIRECTOR PATRICIA CORSONES	_ Change	Cognon	
NAME	SANCHEZ, LUIS REV		4. 2 NAM	•   •	ISIOI SW ISI AUC			
STREET ADDRESS			4.3 STRE	ET ADDRESS	MIAMI, Fl. 33196	•		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-		MIAMI, 1-1. 301/6			
TITLE	<b>D</b>	DELETE	5,1 TITLE			☐ Change	☐ Addition	
NAME	GARABOT, JULIO		5.2 NAME					
STREET ADDRESS	5400 SW 22 AVE		5.3 STRE	ET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-	ST-ZIP				
TITLE		☐ DELETE	6.1 TTTLE			☐ Change	Addition	
NAME	}		6.2 NAME			•		
STREET ADDRESS	].		6.3 STRE	ET ADORESS				
			6.4 CITY-					
CITY-ST-ZIP	1	this filing does not qualify for			Section 119.07(3)(i), Florida Statutes. I further	cortifu that the in	formation	

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 on 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, of on an attachment with an address, with all other like empowered.

**SIGNATURE:** 

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

2/20/99 305 513-1919