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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N28328** (5)
1. Corporation Name
MINISTERIO EVANGELISTICO MONTE DE SION INC.

Principal Place of Business Mailing Address
5700 W 12TH AVE HIALEAH FL 33012 **5700 W 12TH AVE HIALEAH FL 33012**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/12/1988** 3a. Date of Last Report **05/01/1994**

4. FBI Number **65-0072705** Applied For Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip 25 Country 28 Zip 30 Country

9. Name and Address of Current Registered Agent
**ARNAEZ, PEDRO
3508 WEST 73RD TERRACE
HIALEAH FL 33018**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Pedro C. Arnaez* **PEDRO C. ARNAEZ** **3-20-95**

Signature, title or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------|---|--|
| TITLE | PD | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARNAEZ, PEDRO | 1.2 NAME | |
| STREET ADDRESS | 3508 WEST 73RD TERRACE | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL | 1.4 CITY - ST - ZIP | |
| TITLE | VD | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARNAEZ, MIROSLAVA | 2.2 NAME | GONZALEZ, LAZARO |
| STREET ADDRESS | 3508 WEST 73RD TERRACE | 2.3 STREET ADDRESS | 5530 W. 26 ct. #204 |
| CITY - ST - ZIP | HIALEAH FL | 2.4 CITY - ST - ZIP | HIALEAH FL. 33016 |
| TITLE | TD | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARNAEZ, DORIS | 3.2 NAME | GARCIA, PEDRO |
| STREET ADDRESS | 9182 N.W. 114 ST. | 3.3 STREET ADDRESS | 1289 W. 51 pl. |
| CITY - ST - ZIP | HIALEAH GARDENS FL | 3.4 CITY - ST - ZIP | HIALEAH FL. 33012 |
| TITLE | SD | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | ARNAEZ, MIROSLAVA | 4.2 NAME | |
| STREET ADDRESS | 3508 WEST 73RD TERRACE | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | HIALEAH FL | 4.4 CITY - ST - ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 6.4 CITY - ST - ZIP | |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or an attachment with an address.

SIGNATURE: *Pedro C. Arnaez* **PEDRO C. ARNAEZ** **3-20-95** **558-5561**
Signature and Typed or Printed Name of Signing Officer or Director Date Telephone # **362-7667**