

FILE NOW: FILING FEE IS \$61.25

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May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: 5700 W 12TH AVE HIALEAH FL 33012
Mailing Address: 5700 W 12TH AVE HIALEAH FL 33012-2336

3. Date Incorporated or Qualified: 09/12/1988
3a. Date of Last Report: 02/09/1996
4. FEI Number: 65-0072705
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. #, etc.
22. City & State
23. Zip
24. Country
25. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30.

9. Name and Address of Current Registered Agent

ARNAEZ, PEDRO
3508 WEST 73RD TERRACE
HIALEAH FL 33016

10. Name and Address of New Registered Agent

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. I am familiar with, and accept the obligations 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	ARNAEZ, PEDRO	
STREET ADDRESS	3508 WEST 73RD TERRACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, LAZARO	
STREET ADDRESS	5530 W 26 CT #204	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GARCIA, PEDRO	
STREET ADDRESS	1289 W. 51 PL.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	ARNAEZ, MIROSLAVA	
STREET ADDRESS	3508 WEST 73RD TERRACE	
CITY-ST-ZIP	HIALEAH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	vd	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIROSLAVA ARNAEZ	
2.3 STREET ADDRESS	3508 W. 73rd TERRACE	
2.4 CITY-ST-ZIP	Hialeah fl. 33016	
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	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	NIURKA ALONSO	
4.3 STREET ADDRESS	3355 W. 68 st #141	
4.4 CITY-ST-ZIP	Hialeah FL 33016	
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 do 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.

SIGNATURE: _____ DATE: _____

CR2E037 (9/96)