## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998 **POCUMENT #** 

N28328

(5)

Apr 27 1998 8:00am									
Secretary of State									

EII ED

MINISTERIO EVANGELISTICO MONTE DE SION INC.												
Principal Place of Business					ailing Address				· · · · · · · · · · · · · · · · · · ·		1884  1981   1984   1885   1885   1885   1881   1881   1884   1884   1881   1885   1884   1885   1885   1885	
5700 W 12TH AVE HIALEAH FL 33012					S700 W 12TH AVE HIALEAH FL 33012						Date Incorporated or Qualified  09/12/1988  FEI Number  Applied For	
2. Principal Pi	ace of Busi	ness		2e. Mailing Address						5.	- Certificate of Status Desired See Required Fee Required	
Suite, Apt.	#, etc.			Suite, Apt. #, etc.						6.	Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
City & State	3			City & State						7.	- Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No	
Zip			Country		Zip Co			ountry		8.	This corporation owes or has paid the current year Intangible	
24		-	[25]				30			10	Personal Property Tax due June 30. Yes No. Name and Address of New Registered Agent	
<u> </u>	a. Name	and	Address of Curren	nt Registered Agent			81	1	Name	10.	. Name and Address of New Registered Agent	
ARNAEZ, PEDRO							82			· · · (E	P.O. Box Number Is Not Acceptable)	
3508 WE	ST 73RD		RACE				83	L	Stiebt Addres	1) 66	1.0. DOX 14uinber la 1101 Acceptable)	
HIALEAH	FL 33016	3						L	<u> </u>		Int I To Code	
								ł	City		FL 85 Zip Code	
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 _												
12.	Signature, type	d or pri	onled name of registered age OFFICERS ANI				13.	eni	signature required		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD		OFFICENS AN	D DIREC	DELETE		1.1 TITLE				Change Addition	
NAME		ez, pedro			_		1.2 NAME					
STREET ADDRESS		WEST 73RD TERRACE				1.3 STREET ADDRESS		DDAESS				
	CITY-ST-ZIP HIALEAH FL						1.4 CITY-ST-ZIP					
TITLE	VD				DELETE			2.1 TITLE			Change Addition	
NAME	MIROSLAVA, ARNAEZ			2.21			2.2 NAME					
STREET ADDRESS 3508 W 73RD TERRACE				2.3 5				2.3 STREET ADDRESS				
CITY-ST-ZIP	Y-ST-ZIP HIALEAH FL							2. 4 City-St-ZiP				
TITLE	ΙD				☐ DELETE						Change Addition	
NAME	GARCIA, PEDRO							3.2 NAME				
STREET ADDRESS	1289 W						3.3 STREE					
CITY-ST-ZIP	HIALEA	H FL	,		DELETE	_	3.4. CITY- 4.1 TITLE	ST-	-ZIP		Change Addition	
TITLE	SD MILIOWA	41	ONEO		C) OCCCIT		4. 2 NAME		İ			
I I	NAME NIURKA, ALONSO STREET ADDRESS 3355 W 68 ST #141							4.3 STREET ADDRESS				
CITY-ST-ZIP HIALEAH FL												
TITLE	HINLEN	11 1	<u>' </u>		DELETE		4.4 CITY- 5.1 TITLE	31-	ZIF		Change Addition	
NAME					<del></del>		5.2 NAME					
STREET ADDRESS							5.3 STREE		DORESS			
CITY-ST-ZIP							5.4 CITY-					
TITLE					DELETE	_	6.1 TITLE				Change Addition	
NAME							6.2 NAME					
STREET ADDRESS						1	6.3 STREE	TAI	DORESS			
CITY-ST-ZIP							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 of the Jecelver 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 ap attachment with an address.

**SIGNATURE:**