

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N95000003016 (1)**
1. Corporation Name

MINISTERIOS SAR SHALOM INC.



Principal Place of Business: **6830 S.W. 51ST STREET MIAMI FL 33155**
Mailing Address: **6830 S.W. 51ST STREET MIAMI FL 33155**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/23/1995	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	Applied For
23 City & State		28 City & State		65-0605906	Not Applicable
24 Zip		29 Zip		5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
25 Country		30 Country		6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MALDONADO, GUILLERMO 6830. S.W. 51ST ST. MIAMI FL 33155				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALDONADO, GUILLERMO			1.2 NAME	MALDONADO, GUILLERMO		
STREET ADDRESS	6830 S.W. 51ST ST.			1.3 STREET ADDRESS	6830 S.W. 51st Street		
CITY-ST-ZIP	MIAMI FL 33155			1.4 CITY-ST-ZIP	Miami, FL 33155		
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MALDONADO, ANA G.			2.2 NAME	MALDONADO, ANA G.		
STREET ADDRESS	6830 S.W. 51ST ST.			2.3 STREET ADDRESS	6830 S.W. 51st Street		
CITY-ST-ZIP	MIAMI FL 33155			2.4 CITY-ST-ZIP	Miami, FL 33155		
TITLE	Asst. S/ D	<input type="checkbox"/> DELETE		3.1 TITLE	Asst. S/ D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	DE LA FE, ELODIA			3.2 NAME	DE LA FE, ELODIA		
STREET ADDRESS	6816 S.W. 89TH COURT			3.3 STREET ADDRESS	6816 S.W. 89TH COURT		
CITY-ST-ZIP	MIAMI FL 33173			3.4 CITY-ST-ZIP	MIAMI, FL 33173		
TITLE	S/T/D	<input type="checkbox"/> DELETE		4.1 TITLE	S/T/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LASZLO, ONDINA			4.2 NAME	LASZLO, ONDINA		
STREET ADDRESS	2980 S.W. 19TH TERRACE			4.3 STREET ADDRESS	2980 S.W. 19TH TERRACE		
CITY-ST-ZIP	MIAMI FL 33145			4.4 CITY-ST-ZIP	MIAMI, FL 33145		
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 119.07(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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Guillermo Maldonado 4/10/96 (305) 669-1275
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)