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May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000003218 (3)
1. Corporation Name
MINISTERIO ESPERANZA DE VIDA, INC



Principal Place of Business: 2950 ALOMA AVE SUITE 304 WINTER PARK FL 32792
Mailing Address: P.O. BOX 607683 ORLANDO FL 32860-7683

3. Date Incorporated or Qualified: 06/30/1995
4. FEI Number: 59-3325691
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business: 21 7008 Forest City Rd. Suite, Apt. #, etc. 22
City & State: 23 Orlando, FL
Zip: 24 32810 Country: 25 USA

9. Name and Address of Current Registered Agent
GONZALEZ, JOSE L
6792 BRITTANY CHASE CT
ORLANDO FL 32810.

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: P	NAME: GONZALEZ, MARITZA	1.1 TITLE	Gonzalez, Maritza
STREET ADDRESS: 6792 BRITTANY CHASE CT	CITY-ST-ZIP: ORLANDO FL	1.2 NAME	
		1.3 STREET ADDRESS	
		1.4 CITY-ST-ZIP	
TITLE: V	NAME: GONZALEZ, JOSE L	2.1 TITLE	
STREET ADDRESS: 6792 BRITTANY CHASE CT	CITY-ST-ZIP: ORLANDO FL	2.2 NAME	
		2.3 STREET ADDRESS	
		2.4 CITY-ST-ZIP	
TITLE: ST	NAME: MELENDEZ, ELISA M	3.1 TITLE	Secretary
STREET ADDRESS: 6792 BRITTANY CHASE CT	CITY-ST-ZIP: ORLANDO FL	3.2 NAME	Elizabeth Moreno
		3.3 STREET ADDRESS	710 Holbrook Cir.
		3.4 CITY-ST-ZIP	lake Mary, FL 32746
TITLE: T	NAME: FRIZARRY, DELIC B	4.1 TITLE	T
STREET ADDRESS: 7723 LADY FRANCES WAY	CITY-ST-ZIP: ORLANDO FL	4.2 NAME	Frizarry, Delic B.
		4.3 STREET ADDRESS	7723 Lady Frances way
		4.4 CITY-ST-ZIP	Orlando, FL 32807
TITLE: T	NAME: MOJICA, CARMEN M	5.1 TITLE	T
STREET ADDRESS: 5431 OAK CLUSTE TERRACE	CITY-ST-ZIP: ORLANDO FL	5.2 NAME	Nector A. Moreno
		5.3 STREET ADDRESS	710 Holbrook Cir
		5.4 CITY-ST-ZIP	lake Mary, FL 32746
TITLE: T	NAME: Maribet Figueroa	6.1 TITLE	T
STREET ADDRESS: 9348 Sawtooth Dr.	CITY-ST-ZIP: Orlando, FL. 32825	6.2 NAME	
		6.3 STREET ADDRESS	
		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 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: *Maritza Gonzalez* 11/6/98 (407) 327-2117

CR2E037 (10/97)