FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION **ANNUAL REPORT**

1997

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Aug 04 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

N96000003893 (2) DOCUMENT # 1. Corporation Name

THE LORD'S ANGEL MINISTRIES, INC.

Principal Place of Business Mailing Address 13416 SOUTHWEST 112 COURT 13416 SOUTHWEST 112 COURT MIAMI FL 33176 MIAMI FL 33176-5310 3. Date Incorporated or Qualified 07/24/1996 3a. Date of Last Report 2. Principal Place of Business 4. FEI Number 2a. Mailing Address Applied For 67-0676910 26 Not Applicable Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zφ Country Ζiρ Country 8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name · AMERILAWYER CHARTERED 82 Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE **B3 SORAL GABLES FL 33134** 84 City 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 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 96/6) TITLE PD DELETE 1.1 TITLE Change Addition ANGEL, LUIS M NAME 1.2 NAME 13416 SOUTHWEST 112 COURT STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-7IP 1.4 CITY-ST-ZIP DELETÉ TITLE STD 2.1 TITLE ☐ Change ☐ Addition NAME ANGEL, DIANA 2.2 NAME 13416 SOUTHWEST 112 COURT STREET ADDRESS 2.3 STREET ADDRESS **MIAMI FL 33176** 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition NAME MORENO, AURA 3.2 NAME 13416 SOUTHWEST 112 COURT STREET ADDRESS 3.3 STREET ADDRESS **MIAMI FL 33176** CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 51TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6.1 TITLE Change Addition NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. I do hereby certify that the information supplied with this filling 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 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address

6.4 CHTY - ST - ZIP