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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 752376

1. Corporation Name
MISION PENTECOSTAL EMANUEL, INC.

Principal Place of Business 2810 WEST 11TH AVENUE HIALEAH FL 33010	Mailing Address 2810 WEST 11TH AVENUE HIALEAH FL 33010
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 05/06/1980
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-2001652
City & State 23	City & State 28	<input type="checkbox"/> Applied For <input checked="" type="checkbox"/> Not Applicable \$8.75 Additional Fee Required
Zip 24	Country 25	<input type="checkbox"/> Certificate of Status Desired \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MACHADO, DANIEL REV. 2810 W 11 AVE HIALEAH FL 33010		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD MACHADO, REV. DANIEL	1.1 TITLE	
NAME	932 EAST 29 ST.	1.2 NAME	
STREET ADDRESS	HIALEAH FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	VD CORTES, REINALDO	2.1 TITLE	VD Izuierdo, Juan
NAME	1295 W 25 PL #2	2.2 NAME	934 W. 30 Street
STREET ADDRESS	HIALEAH FL	2.3 STREET ADDRESS	Hialeah, Fl 33012
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	S ABELLAN, DULCE M.	3.1 TITLE	
NAME	25 W 6 ST 29	3.2 NAME	
STREET ADDRESS	HIALEAH FL	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	TD PEREIRA, FRANCISCO	4.1 TITLE	TD MACHADO, MARIA
NAME	1855 SW 60TH ST. APT 225	4.2 NAME	932 E. 20 Street
STREET ADDRESS	HIALEAH FL	4.3 STREET ADDRESS	Hialeah, Fl 33013
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
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 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, with all other like empowered.

SIGNATURE: Daniel Machado **SIGNATURE REQUIRED** Machado, President 4-26-99 (305) 985-9220
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)