## **NOT-FOR-PROFIT CORPORATION**

## **FILED** May 14, 2002 8:00 am

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DOCUMENT # N D0000004504			ecretary of State
THE GIREH MINISTRIES, INC.			05-14-2002 90350 002 ****61.25
the given transfer of the			
DO NOT WRITE IN THIS SPACE			
	7.02	-	•
2. Principal Place of Business 6800 SW 40 TM ST. 3. Mailing Address 6800 SW 40 ST.		:11	
Suite, Apt. #, etc.  Suite, Apt. #, etc.		DO NOT WRITE IN THIS SPACE	
City & State City & State	<u> </u>	4. FEI Number	Applied For
MIAMI, HORIDA MIAMI, FLOI	RIDA	N	/AE Not Applicable
33155 U.S.A. 33155	U.S.A	5. Certificate of Sta	itus Desired
the state of the s	Name	_	ss of Current Registered Agent
DO NOT-WRITE	761	P.O. Box Number is No	ZARRO
IN THIS SPACE			
IN THIS SPACE 6705 S		SW 44 ST. #58 = 1 Zm Carla	
The above named entity submits this statement for the purpose of changing its r	MIA	MI	FL 331SS
, see a see	egistered diffee of registe	ered agent, or poth, in tr	ne state of Florida
SIGNATURE			
Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered Agent signature require	ed when reinstating)	DATE
FEE IS \$61.25 9. Election Camp	paign Financing	\$5.00 May Be	Make Check Payable to
Initial or Amended UBR Trust Fund Co	ontribution.	Added to Fees	Department of State
10. OFFICERS AND DIRECTORS			·
NAME GRANETTE PIZARRO DIRECTOR	TITLE NAME		
STREET ADDRESS 670 5 SW 44 ST. #58 CITY-ST-ZIP MILAMY TI 33155	STREET ADDRESS		[6]   2,   5,
1114PCI TC. 33133	CITY-ST-ZIP		
NAME PEDRO PIZMRRO DIRECTOR STREET ADDRESS 6705 SW 44 ST. #58	NAME		
CITY-ST-ZIP MILMIN FL. 331-55	STREET ADDRESS CITY-ST-ZIP		
JULIO R. PIZARRO DIRECTOR	TITLE		and a second sec
STREET ADDRESS 6705 SW44ST. #58 CITY-ST-ZIP HIAMI, FL. 33155	NAME STREET ADDRESS		
	CITY-ST-ZIP	DO I	NOT WRITE
TITLE   NAME	TITLE NAME	IN THIS SPACE	
STREET ADDRESS CITY-ST-ZIP	STREET ADDRESS		
TITLE	CITY-ST-ZIP		]
NAME STREET ADDRESS	NAME :		
CITY-ST-ZIP	STREET ADDRESS CITY-ST-ZIP		
TITLE NAME	TITLE		
NAME STREET ADDRESS	NAME STREET ADDRESS		
CITY-ST-ZIP	CITY-ST-ZIP		

JEANETTE PIZARRO F SIGNING OFFICER OR DIRECTOR

04/26/02 305-667-7982

<sup>12.</sup> 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered. SIGNATURE: Jouelle SIGNATURE AND I