

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 # N04137 (8)

1. Corporation Name
MINISTERIO CASA DE ORACION INC.



Principal Place of Business Mailing Address
~~20151 NW 67 AVE
P. O. BOX 470440
HIALEAH FL 33017
US~~ *delete ef* **20151 NW 67 AVE
HIALEAH FL 33017
US**

3. Date Incorporated or Qualified **07/12/1984** 3a. Date of Last Report **04/11/1995**

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	Suite, Apt. #, etc.	59-2320561	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
23	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FIGUEROA, EUGENIO EF
1984 NW 179 AVE
PEMBROKE PINES FL 33029

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	VP <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TABRAUE, JOSE	1.2 NAME	EUGENIO FIGUEROA
STREET ADDRESS	13745 NW 1ST AVE	1.3 STREET ADDRESS	1984 NW 179 AVE
CITY-ST-ZIP	NORTH MIAMI FL 33168	1.4 CITY-ST-ZIP	Pembroke Pines Fl 33029
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	TRUSTEE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERBERT, RIVERA	2.2 NAME	ANA L. PATEL
STREET ADDRESS	20523 NW 47AVE	2.3 STREET ADDRESS	510 NW 108 St.
CITY-ST-ZIP	CAROL CITY FL 33055	2.4 CITY-ST-ZIP	MIAMI FL 33168
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	CARRILLO, DORA	3.2 NAME	FERNANDO GARCIA
STREET ADDRESS	6625 W 4TH AVE APT 101	3.3 STREET ADDRESS	12705 SW 55 ST
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	MIAMI, FL 33175
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	OLGA, N.G.	4.2 NAME	ROGIO VILLAVICENSIO
STREET ADDRESS	11851 SW 12TH ST	4.3 STREET ADDRESS	20206 NW 52 St
CITY-ST-ZIP	PEMBROOKE PINES FL 33025	4.4 CITY-ST-ZIP	Miami, FL 33055
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	BRAND, JAMES	5.2 NAME	
STREET ADDRESS	7870 W 28 AVE APT 109	5.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	
NAME	GARCIA, WILLIAM	6.2 NAME	
STREET ADDRESS	1530 NE 191 ST APT 224	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL	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: *Eugenio Figueroa* **EUGENIO FIGUEROA** 2/21/96 305/470-5700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Defume Phone #

CR2E037 (12/95)