

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Aug 07 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N04137 (8)

1. Corporation Name
MINISTERIO CASA DE ORACION INC.



Principal Place of Business 20151 NW 67 AVE HIALEAH FL 33017 US	Mailing Address 20151 NW 67 AVE HIALEAH FL 33017 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	3. Date Incorporated or Qualified 07/12/1984	3a. Date of Last Report 02/26/1996	4. FEI Number 59-2320561 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent FIGUEROA, EUGENIO 1984 NW 179 AVE PEMBROKE PINES FL 33029	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
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 #2	
TITLE VP	NAME TABRAUE, JOSE STREET ADDRESS 13745 NW 1ST AVE CITY-ST-ZIP NORTH MIAMI FL 33168	1.1 TITLE DIRECTOR	1.2 NAME MIGDALIA RODRIGUEZ
TITLE D	NAME HERBERT, RIVERA STREET ADDRESS 20523 NW 47AVE CITY-ST-ZIP CAROL CITY FL 33055	1.3 STREET ADDRESS 6722 NW 193 LN	1.4 CITY-ST-ZIP MIAMI, Fla. 33041
TITLE S	NAME CARRILLO, DORA STREET ADDRESS 6625 W 4TH AVE APT 101 CITY-ST-ZIP HIALEAH FL 33012	2.1 TITLE	2.2 NAME
TITLE D	NAME VILLAVICENSIO, ROCIO STREET ADDRESS 20206 NW 52ND CT CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE P	NAME FIGUEROA, EUGENIO STREET ADDRESS 1984 NW 179TH AVE CITY-ST-ZIP PEMBROKE PINES FL	3.1 TITLE	3.2 NAME
TITLE T	NAME PATEL, ANA L STREET ADDRESS 510 NW 108TH ST CITY-ST-ZIP MIAMI FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
		4.1 TITLE	4.2 NAME
		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
		5.1 TITLE	5.2 NAME
		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do 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 13A changed, or on an attachment with an address.

CFR2E037 (4/97)

SIGNATURE _____ SIGNATURE REQUIRED _____