


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 24, 1999 8:00 am**  
**Secretary of State**

03-24-1999 90076 007 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N04137</b> 1. Corporation Name <b>MINISTERIO CASA DE ORACION INC.</b>		
Principal Place of Business 20151 NW 67 AVE HIALEAH FL 33017 US	Mailing Address 20151 NW 67 AVE HIALEAH FL 33017 US	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29	3. Date Incorporated or Qualified 07/12/1984	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
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9. Name and Address of Current Registered Agent <b>FIGUEROA, EUGENIO</b> 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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>ZELAYA, REINEL</b>	1.2 NAME	<b>GIDRIA CONTRERAS</b>
STREET ADDRESS	<b>7331 ARTHURS ST</b>	1.3 STREET ADDRESS	<b>7080 N.W. 179TH #205</b>
CITY-ST-ZIP	<b>HOLLYWOOD FL 33024</b>	1.4 CITY-ST-ZIP	<b>MIAMI, FL 33015</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERBERT, RIVERA</b>	2.2 NAME	
STREET ADDRESS	<b>20523 NW 47AVE</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>CAROL CITY FL 33055</b>	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CARRILLO, DORA</b>	3.2 NAME	
STREET ADDRESS	<b>6625 W 4TH AVE APT 101</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>HIALEAH FL 33012</b>	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RODRIGUEZ, MIGDALIA</b>	4.2 NAME	
STREET ADDRESS	<b>6722 NW 193 LANE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL 33015</b>	4.4 CITY-ST-ZIP	
TITLE	P <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FIGUEROA, EUGENIO</b>	5.2 NAME	
STREET ADDRESS	<b>1984 NW 179TH AVE</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PEMBROKE PINES FL</b>	5.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PATEL, ANA L</b>	6.2 NAME	
STREET ADDRESS	<b>510 NW 108TH ST</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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: \_\_\_\_\_ SIGNATURE REQUIRED \_\_\_\_\_ Date: 3/1/99 301/470-6861 Daytime Phone #

CR2E037 - (1/98)