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Mar 19 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfitt
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17060 (7)
1. Corporation Name
MOVIMIENTO PENTECOSTAL INTERNACIONAL EL REY VIE
E, INC.

Principal Place of Business Mailing Address
1506 W. MICHIGAN STREET 1506 W. MICHIGAN STREET
ORLANDO FL 32805-6124 ORLANDO FL 32805-6109

3. Date Incorporated or Qualified 09/30/1986
3a. Date of Last Report 08/02/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-2882845	<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
22. City & State	27. City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23. Zip	28. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24. Country	29. Country		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OJEDA, MANUEL
2324 MACE ST.
ORLANDO FL 32839

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	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 NAME STREET ADDRESS CITY - ST - ZIP VPD TORRES, WILLIAM 7034 IRONWOOD DR. ORLANDO FL 32818 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP D MANUEL OJEDA 2324 MACE ST. ORLANDO FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD TORRES, JULIA 7034 IRONWOOD DR. ORLANDO FL 32818 <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP D JULIA OJEDA 4575 TEXAS AVE. ORLANDO, FL 32839 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP SD FIGUEROA, RICARDO 4838 ROBBINS AVE ORLANDO FL <input checked="" type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP D JUDITH TORRES 7034 IRONWOOD DR. ORLANDO, FL 32818 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> DELETE	TITLE NAME STREET ADDRESS CITY - ST - ZIP <input type="checkbox"/> Change <input type="checkbox"/> Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE: Manuel Ojeda - MANUEL OJEDA
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/21/97
Date

407-649-8592
Daytime Phone # 0016603

CR2E037 (9/96)