04141999-90151-093-$61.25-$61.25 * 04141999-90151-094-$8.75-$8.75

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90151 093 ****61.25
04-14-1999 90151 094 *****8.75

NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N17060

1. Corporation Name
MOVIMIENTO PENTECOSTAL INTERNACIONAL EL REY VIEN E, INC.

Principal Place of Business
1506 W MICHIGAN ST
ORLANDO FL 32805-6124
US

Mailing Address
1506 W. MICHIGAN STREET
ORLANDO FL 32805-6124

2. Principal Place of Business 21 1506 W. Michigan St 22 Suite, Apt. #, etc. 23 Orlando Fl. 32805 24 Zip 32805 25 Country Orange	2a. Mailing Address 26 1506 W. Michigan St 27 Suite, Apt. #, etc. Orlando Fl 28 City & State 29 Zip 32805 30 Country Orange	3. Date Incorporated or Qualified 09/30/1986 4. FEI Number 59-2882845 — Applied For / X Not Applicable 5. Certificate of Status Desired — X — $8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
OJEDA, MANUEL 4575 S TEXAS AVE SUITE 102-B ORLANDO FL 32839	81 Name MANUEL OJeda 82 Street Address (P.O. Box Number is Not Acceptable) 4604 TOWER PINE RD. 83 84 City Orlando FL 85 Zip Code 32839

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 Manuel Ojeda (MANUEL OJEDA) — 3/23/99
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 D NAME OJEDA, MANUEL STREET ADDRESS 4575 S TEXAS AVE, #102-B CITY-ST-ZIP ORLANDO FL 32839	☐ DELETE	1.1 TITLE D 1.2 NAME RICARDO Figueroa 1.3 STREET ADDRESS 4838 Robbin Ave. 1.4 CITY-ST-ZIP Orlando FL, 32808	☒ Change ☐ Addition
TITLE D NAME OJEDA, JULIA STREET ADDRESS 4575 TEXAS AVE. CITY-ST-ZIP ORLANDO FL	☒ DELETE	2.1 TITLE D 2.2 NAME JULIA OJEDA 2.3 STREET ADDRESS 4604 TOWER PINE RD. 2.4 CITY-ST-ZIP Orlando, FL 32839	☒ Change ☐ Addition
TITLE D NAME FIGUEROA, RICARDO STREET ADDRESS 4838 ROBBIN AVE CITY-ST-ZIP ORLANDO FL 32808	☒ DELETE	3.1 TITLE T 3.2 NAME Manuel OJeda 3.3 STREET ADDRESS 4604 TOWER PINE RD. 3.4 CITY-ST-ZIP Orlando, FL 32839	☒ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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: Manuel Ojeda MANUEL OJEDA — 3/23/99 — 407.849 6493
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SIGNATURE REQUIRED

CR2E037 (11/98)