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Apr 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

DOCUMENT # N17579 (6)

1. Corporation Name
MINISTERIO NUEVA JERUSALEN INTERNACIONAL INCORPORATED



Principal Place of Business Mailing Address
5400 SW 122 AVENUE MIAMI FL 33175 5400 SW 122 AVENUE MIAMI FL 33175-5533

3. Date Incorporated or Qualified 10/29/1986 3a. Date of Last Report 03/29/1996
4. FEI Number 59-2732176 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
CELADO, MANUEL
5400 SW 122 AVENUE
MIAMI FL 33175

10. Name and Address of New Registered Agent
81 Name CORDONES, DEYANIRA
82 Street Address (P.O. Box Number is Not Acceptable) 5400 SW 122 AVE
84 City MIAMI FL 85 Zip Code 33175

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 617.0509, Florida Statutes.
SIGNATURE DEYANIRA CORDONES *Richard Cordones* 3/11/97
NOTE: Registered Agent signature required when reappointing.

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORDONES, RICHARD	
STREET ADDRESS	5400 SW 122 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	CORDONES, DEYANIRA	
STREET ADDRESS	5400 SW 122 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CELADO, MANUEL	
STREET ADDRESS	5400 SW 122 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, LYSSIL R.	
STREET ADDRESS	13781-G SE 84 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	DASILVA, Luis Rev.	
3.3 STREET ADDRESS	5400 SW 122 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL. 33175	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	SANCHEZ, Luis Rev.	
4.3 STREET ADDRESS	5400 SW 122 AVE	
4.4 CITY-ST-ZIP	MIAMI, FL. 33175	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	GARABOT, Julio	
5.3 STREET ADDRESS	5400 SW 122 AVE	
5.4 CITY-ST-ZIP	MIAMI, FL. 33175	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(f), 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: *Richard Cordones* 3/11/97 553-1915
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0032875

CR2E037 (9/96)