

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N24240 (6)

1. Corporation Name
ACAO MUNDIAL EVANGELICA AME, INC.



Principal Place of Business: **2714 N ARMENIA AVE P O BOX 75853 TAMPA FL 33607**
 Mailing Address: **2714 N ARMENIA AVE P O BOX 75853 TAMPA FL 33607**

3. Date Incorporated or Qualified: **01/06/1988**
 3a. Date of Last Report: **05/01/1995**
 4. FEI Number: **65-0019596**
 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 (21-24) and 2a. Mailing Address (25-28) fields with sub-sections for Suite, Apt #, etc., City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: **PEREZ, NARCISO F. 9316 N TAMPA ST. TAMPA FL 33605**
 10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, 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)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	NAME: PEREZ, NARCISO F.	11 TITLE:	Change <input type="checkbox"/> Add: <input type="checkbox"/>
STREET ADDRESS: 9316 N TAMPA ST	CITY-ST-ZIP: TAMPA FL 33612	12 NAME: PEREZ NARCISO F.	13 STREET ADDRESS: 431 W. OHIO AVE.
TITLE: VD	NAME: PEREZ, NARCISO F.	14 CITY-ST-ZIP: TAMPA FL 33614	21 TITLE: vd.perez narciso f.
STREET ADDRESS: 9316 N. TAMPA ST.	CITY-ST-ZIP: TAMPA FL 33612	22 NAME: 4311 w.ohio ave.	23 STREET ADDRESS: tampa fl.33614
TITLE: S	NAME: SANCHEZ, PAULINA GOMEZ	24 CITY-ST-ZIP:	31 TITLE: S
STREET ADDRESS: CHANEL VIEW APT. 8540 W. HUMPHREY	CITY-ST-ZIP: TAMPA FL 33614	32 NAME: GONZALEZ SERGIO	33 STREET ADDRESS: 4934 HALIFAX DR.
TITLE: T	NAME: FAJARDO, JUAN JOSE	34 CITY-ST-ZIP: TAMPA FL, 33615	41 TITLE: T
STREET ADDRESS: 4229 N. RENELLIE DR.	CITY-ST-ZIP: TAMPA FL 33614	42 NAME: GONZALEZ SERGIO	43 STREET ADDRESS: 4934 HALIFAX DR.
TITLE: VD	NAME: AMEZQUITA, ANGEL	44 CITY-ST-ZIP: TAMPA FL, 33615	51 TITLE: VD
STREET ADDRESS: 1610 HACIENDA APT. 101	CITY-ST-ZIP: TAMPA FL 33605	52 NAME: VALGAS CELESTINO	53 STREET ADDRESS: 10608 WAXBERRY CT.
TITLE: VS	NAME: GONZALEZ, TOMACITA	54 CITY-ST-ZIP: TAMPA FL, 33634	61 TITLE: VS
STREET ADDRESS: 1610 HACIENDA APT. 101	CITY-ST-ZIP: TAMPA FL 33605	62 NAME: VALGAS MERCEDES	63 STREET ADDRESS: 10608 WAXBERRY CT.
		64 CITY-ST-ZIP: TAMPA FL, 33634	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ Date: **8/7/96** Daytime Phone: _____