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Mar 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N24615** (9)

1. Corporation Name

**MINISTERIO VERBO Y VIDA, INC.**

Principal Place of Business

Mailing Address

**3730 COCONUT CREEK PKY  
SUITE #110  
POMPANO BEACH FL 33066  
US**

**3730 COCONUT CREEK PKY  
SUITE #110  
POMPANO BEACH FL 33066  
US**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

**02/01/1988**

4. FEI Number

**65-0046732**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional**

**Fee Required**

6. Election Campaign Financing

**\$5.00 May Be**

**Added to Fees**

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

10. Name and Address of New Registered Agent

**FITZGERALD, J. PATRICK  
150 W. FLORIDA  
SUITE 2701  
MIAMI FL 33130**

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**PD  
CASTELLANOS, RICARDO  
2310 MARTIN L. KING BLVD.  
POMPANO BEACH FL**

TITLE ☐ DELETE

**VD  
SANCHEZ, ARMANDO  
510 NE 59TH CT.  
FT. LAUDERDALE FL**

TITLE ☐ DELETE

**TD  
PEREZ, ESPERANZA  
1901 NE 41 ST  
FT LAUDERDALE FL**

TITLE ☐ DELETE

**TD  
MOYA, ANA MILENA  
393 SUNSHINE DR  
COCONUT CREEK FL**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

**VD.**

**GERARDO A. CARO  
L) & W. PARKWAY DR.  
MARGATE., FL. 33068**

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

**TD.**

**SANCHEZ ARMANDO  
510 NE 59CT.  
FT. LAUDERDALE., FL. 33334.-**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

**TD.**

**RAFAEL ROSADO  
628 TURTLE RUN  
WESTON., FL. 33326**

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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.

SIGNATURE:

*[Signature]*  
SIGNATURE, TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Deputy Phone #

CP2E037 (10/97)