

FILE NOW: FILING FEE IS \$61.25

FILED
Mar 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N25603** (4)

1. Corporation Name
MINISTERIOS PALABRAS DE VIDA, INC.

Principal Place of Business 2901 OAKWOOD PARK BLVD. SUITE A14 OAKLAND PARK FL 33311	Mailing Address P.O. BOX 934636 POMPAHO BEACH FL 33093
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 03/25/1988	4. FEI Number 65-0097178	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent GONZALES, RAYMOND 5730 LAKESIDE DRIVE, APT 401 MARGATE FL 33063	10. Name and Address of New Registered Agent 81 Name RAYMOND GONZALEZ 82 Street Address (P.O. Box Number is Not Acceptable) 1080 N W 74 AVE 83 City MARGATE FL 85 Zip Code 33063
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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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	RAYMOND + MIGUELINA GONZALEZ
NAME	GUERRERO, MARGARITA	1.2 NAME	
STREET ADDRESS	4126 INVERRARY BLVD., APT. 2316	1.3 STREET ADDRESS	1080 N W 74 AVE
CITY - ST - ZIP	LAUDERHILL FL	1.4 CITY - ST - ZIP	MARGATE FL 33063
TITLE	PD	2.1 TITLE	MIGUELINA GONZALEZ
NAME	GONZALEZ, RAYMOND	2.2 NAME	
STREET ADDRESS	5730 LAKESIDE DRIVE, APT. 401	2.3 STREET ADDRESS	1080 N W 74 AVE
CITY - ST - ZIP	MARGATE FL	2.4 CITY - ST - ZIP	MARGATE FL 33063
TITLE	VD	3.1 TITLE	MARGARITA GUERRERO
NAME	GONZALEZ, RAYMOND	3.2 NAME	
STREET ADDRESS	5730 LAKESIDE DRIVE, APT. 401	3.3 STREET ADDRESS	4126 INVERRARY BLVD APT 2316
CITY - ST - ZIP	MARGATE FL	3.4 CITY - ST - ZIP	LAUDERHILL FL 33319
TITLE		4.1 TITLE	ANA P. ANDRUEJO
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	907 INTRACOSTAL DR. APT 9
CITY - ST - ZIP		4.4 CITY - ST - ZIP	F. LAUDERDALE FL 33304
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 my address.

SIGNATURE: *[Signature]* 3/2/98

CR2E037 (10/97)