

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 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 # N28562 (9)

1. Corporation Name
TEMPLO DE ADORACION FAMILIAR, INC.



Principal Place of Business
365 JOG RD
WEST PALM BCH FL 33415

Mailing Address
PO BOX 19234
WEST PALM BCH FL 33416-9234
US

3. Date Incorporated or Qualified 09/27/1988
3a. Date of Last Report 11/22/1996

2. Principal Place of Business
21 6194 Summit Blvd. 28

4. FEI Number 65-0109246
Applied For Not Applicable

22 Suite, Apt. #, etc. 27

5. Certificate of Status Desired \$8.75 Additional Fee Required

23 City & State West Palm Beach, Fl. 28

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

24 Zip 33415 25 Country U.S. 29

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MERCADO, JOAQUIN
13112 MEADOWBREEZE DR
APT. #1-A
WELLINGTON FL 33414

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: *Joaquin Mercado, PD* 4/29/97
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	PD	<input type="checkbox"/> DELETE
NAME	MERCADO, JOAQUIN	
STREET ADDRESS	13112 MEADOWBREEZE DR	
CITY-ST-ZIP	WEST PALM BCH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NOGUERIA, ESMERALDA J	
STREET ADDRESS	5458 BONKY CT.	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ALVAREZ, LUIS	
STREET ADDRESS	4948 MARBELLA RD. NORTH	
CITY-ST-ZIP	W. PALM BEACH 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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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)(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: *Joaquin Mercado, PD* 4-29-97 (SG) 498-3574
Signature, typed or printed name of signing officer or director Date Daytime Phone # 1123

CR2E037 (9/96)