

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 24 AM 9:04

DOCUMENT # N29951 (3)

1. Corporation Name
MINISTERIOS CAMINO NUEVO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
**% VICTOR B. GARCIA C.
585 S.W. 71ST AVE.
MIAMI FL 33144**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **12/29/1988** 3a. Date of Last Report **02/08/1994**

4. FEI Number **65-0140526** 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**

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**

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 29 Zip Country
24 25 28 30

9. Name and Address of Current Registered Agent
**GARCIA C., VICTOR B.
585 SW 71ST AVE.
MIAMI FL 33144**

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when restate) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	GARCIA C., VICTOR B.
STREET ADDRESS	4952 SW 136TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	PEREZ, RENE
STREET ADDRESS	455 N.E. 33RD STREET, #26
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	ALVAREZ, CARLOS
STREET ADDRESS	4111 NW 37 AVE E509
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	GARCIA, M. RAQUEL
STREET ADDRESS	4952 SW 136TH PLACE
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	HERRERA, EMIJO
STREET ADDRESS	229 19TH STREET, APT. A-FRONT
CITY - ST - ZIP	MIAMI BEACH FL
TITLE	D
NAME	HERRERA, MARTA
STREET ADDRESS	229 19TH STREET, APT. A-FRONT
CITY - ST - ZIP	MIAMI BEACH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2722 N.W. 2nd. Ave.
34 CITY - ST - ZIP	Miami, FL 33127
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	1818 Meridian Ave. No. 8^B
54 CITY - ST - ZIP	Miami Beach, FL 33139
61 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	1818 Meridian Ave. No. 8^B
64 CITY - ST - ZIP	Miami Beach, FL 33139

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 on an attachment with an address.

SIGNATURE: Victor B. Garcia C. 4-19-95 (305) 262-8823
Date (Type Here)