

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **N29951** (3)
1. Corporation Name
MINISTERIOS CAMINO NUEVO, INC.



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

3. Date Incorporated or Qualified **12/29/1988** 3a. Date of Last Report **04/24/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	65-0140526	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GARCIA C., VICTOR B. 595 SW 71ST AVE. MIAMI FL 33144		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA C., VICTOR B.	1.2 NAME	
STREET ADDRESS	4952 SW 136TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEREZ, RENE	2.2 NAME	Pérez, René
STREET ADDRESS	455 N.E. 33RD STREET, #26	2.3 STREET ADDRESS	158 N.E. 41 St. # 5
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33137
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, CARLOS	3.2 NAME	
STREET ADDRESS	2722 N.W. 2ND AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, M. RAQUEL	4.2 NAME	
STREET ADDRESS	4952 SW 136TH PLACE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, EMILIO	5.2 NAME	
STREET ADDRESS	1818 MERIDIAN AVE. NO. 8 B	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERRERA, MARTA	6.2 NAME	
STREET ADDRESS	1818 MERIDIAN AVE. NO 8 B	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	6.4 CITY-ST-ZIP	

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 of this report, or on an attachment with an address.

SIGNATURE: *Victor B. Garcia C.* **Victor B. Garcia C.** Date: **4-27-96** Daytime Phone #: **(305) 262-8893**

CR2E037 (12/95)