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Feb 21 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N34988 (8)

1. Corporation Name

MINISTERIOS EL BUEN PASTOR, INC.

Principal Place of Business

2850 SW 27 AVE
MIAMI FL 33133
US

Mailing Address

WHECTOR E. LORA
P. O. BOX 350-1422
MIAMI FL 331353. Date Incorporated or Qualified
10/31/19893a. Date of Last Report
03/28/19964. FEI Number
65-0223564Applied For
Not Applicable5. Certificate of Status Desired ☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution ☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GONZALEZ, OLGA L.
1101 SCARBOROUGH DR.
DAVIE FL 33324

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

16532 Segovia Cir. North

83

84 City

Pembroke Pines

FL

85 Zip Code

33331

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 ☐ DELETENAME
DP
RODRIGUEZ, LIDIA
STREET ADDRESS
9940 NW 29 TERR
CITY-ST-ZIP
MIAMI FLTITLE ☐ DELETENAME
DS
MIRANDO, RONALDO
STREET ADDRESS
3585 NW 36 ST APT 702
CITY-ST-ZIP
MIAMI FLTITLE ☐ DELETENAME
D
GONZALEZ, JULIO
STREET ADDRESS
1101 SCARBOROUGH DR
CITY-ST-ZIP
DAVIE FLTITLE ☐ DELETENAME
DT
GONZALEZ, MARIA DOLORES
STREET ADDRESS
9867 NW 52 TERRACE
CITY-ST-ZIP
MIAMI FLTITLE ☐ DELETENAME
STREET ADDRESS
CITY-ST-ZIPTITLE ☐ DELETENAME
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

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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Gonzalez, Julio
16532 Segovia Cir. North
Pembroke Pines, FL 33331

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: Maria D. Gonzalez

Feb. 13, 1997 (305) 591-3129

CR2E037 (9/96)