


FILE NOW: FILING FEE IS \$61.25

FILED
May 08, 1999 8:00 am
Secretary of State

05-08-1999 90050 033 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36564

1. Corporation Name

LA SAGRADA FAMILIA, INC.

Principal Place of Business

107-28 LIVERPOOL ST
 JAMAICA NY 11435

Mailing Address

107-28 LIVERPOOL ST
 JAMAICA NY 11435



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.	02/12/1990	
22 City & State		27 City & State	4. FEI Number	
23 Zip		28 Zip	59-2995575	
24 Country		29 Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		30 Country	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
			Trust Fund Contribution	

9. Name and Address of Current Registered Agent

LAWRENCE, JOHN M.
9205 BANNERLAKE CIR
#9205
ORLANDO FL 32821

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CERVANTES, ERNESTO	1.2 NAME	CERVANTES, ERNESTO
STREET ADDRESS	83-83 118 ST., APT. 41	1.3 STREET ADDRESS	107-28 LIVERPOOL ST.
CITY-ST-ZIP	KEW GARDENS NY	1.4 CITY-ST-ZIP	JAMAICA, NY 11435
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	VD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ALCANTARA, JOSEFA	2.2 NAME	CERVANTES, LUZ C.
STREET ADDRESS	57-35 ZENIA ST	2.3 STREET ADDRESS	107-28 LIVERPOOL ST.
CITY-ST-ZIP	CORONA NY	2.4 CITY-ST-ZIP	JAMAICA, NY 11435
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ZARZUELA, DILENIA	3.2 NAME	PERALTA, Margarita
STREET ADDRESS	1431 POINT BREEZE PLACE	3.3 STREET ADDRESS	116 Bellanca LN.
CITY-ST-ZIP	FAR ROCKAWAY NY	3.4 CITY-ST-ZIP	New Castle, DE 19720
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	S <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ABREU, ANGELA	4.2 NAME	Peralta, Vinicio Y.
STREET ADDRESS	99-11 57TH ST	4.3 STREET ADDRESS	116 Bellanca LN.
CITY-ST-ZIP	CORONA NY	4.4 CITY-ST-ZIP	New Castle, DE 19720
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/3/99 (78) 297-1098
 Date Daytime Phone #

CR2E037 (11/98)