

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 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 # N45224 1. Corporation Name House of Freedom, Inc.			
Principal Place of Business 2311 North Orange Blossom Tr. Kissimmee, FL 34744		Mailing Address P.O. Box 42-3202 Kissimmee, FL 34742	
2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 2311 North DYST	26 P.O. Box 42-3202	Sept. 20, 1991	1996
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number	Applied For
		59-3084953	<input type="checkbox"/> Not Applicable
23 City & State	28 City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Kissimmee, FL	Kissimmee, FL	<input type="checkbox"/>	
24 Zip	29 Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
34744	34742	<input type="checkbox"/>	
25 Country	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Oceola	Oceola		
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Esteban Morales		81 Name	
1038 Shawnee Ln.		82 Street Address (P.O. Box Number is Not Acceptable)	
Kissimmee, FL 34742		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 D	President	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Esteban Morales	1.2 NAME	
STREET ADDRESS	1038 Shawnee Ln.	1.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34742	1.4 CITY-ST-ZIP	
TITLE D	Vice-President	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Roberto Cruz	2.2 NAME	
STREET ADDRESS	Box 527248	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, FL	2.4 CITY-ST-ZIP	
TITLE T	Treasurer	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Irma Y. Ponce	3.2 NAME	
STREET ADDRESS	941 Cherokee Dr.	3.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34744	3.4 CITY-ST-ZIP	
TITLE S	Secretary	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Olga Morales	4.2 NAME	
STREET ADDRESS	1038 Shawnee Ln.	4.3 STREET ADDRESS	
CITY-ST-ZIP	Kissimmee, FL 34741	4.4 CITY-ST-ZIP	
TITLE D	Official	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	José J. Avila	5.2 NAME	
STREET ADDRESS	Hiram González #549	5.3 STREET ADDRESS	
CITY-ST-ZIP	Camuy Puerto Rico	5.4 CITY-ST-ZIP	
TITLE VD	Official	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Maribel Dines	6.2 NAME	
STREET ADDRESS	958 St. Km. E.6	6.3 STREET ADDRESS	
CITY-ST-ZIP	Rio Grande, Puerto Rico	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: Esteban Morales		Date 4-10-97 (401) 951-9071	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Daytime Phone #	

CR2E037 (9/96)