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May 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N45397 (9)

1. Corporation Name

MINISTERIO DIOS TE AMA, INC.

Principal Place of Business

Mailing Address

1590 N.E. 127 ST. #202
NORTH MIAMI FL 33161
US

1590 NE 127 ST.
SUITE 202
NORTH MIAMI FL 33161
US

3. Date Incorporated or Qualified

09/30/1991

4. FEI Number

65-0284928

Applied For

Not Applicable

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

28 Zip Country

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. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ZAVALA, JULIO V
1590 N.E. 127 ST. #202
NORTH MIAMI FL 33161

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

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 DP
NAME ZAVALA, JULIO V.
STREET ADDRESS 1585 NORTHEAST 127TH ST.
CITY-ST-ZIP NORTH MIAMI FL ☒ DELETE

1.1 TITLE DP
1.2 NAME ZAVALA, JULIO V.
1.3 STREET ADDRESS 1590 NE 127 ST. #202
1.4 CITY-ST-ZIP NORTH MIAMI, FL 33161 ☒ Change ☐ Addition

TITLE DVT
NAME SALINAS, JUAN
STREET ADDRESS 1317 N.E. 116 ST.
CITY-ST-ZIP NORTH MIAMI FL ☐ DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE DS
NAME ECHEGARAY, NANCY
STREET ADDRESS 701 NE 162 ST.
CITY-ST-ZIP NORTH MIAMI BEACH FL ☒ DELETE

3.1 TITLE DS
3.2 NAME ECHEGARAY, NANCY
3.3 STREET ADDRESS 1161 N.W. 13 ST. #3
3.4 CITY-ST-ZIP BOCA RATON, FL 33486 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP ☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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.

SIGNATURE:

[Signature]

4/23/98 (305) 895-6365

CP2E037 (10/97)