FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 JUL -6 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N47539

1. Corporation Name
EL EVANGELIO DEL REINO INC.

Principal Place of Business / Mailing Address
1901 S.W. 96 TERRACE
MIRAMAR FLORIDA 33025

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 2-25-92
3a. Date of Last Report:
4. FEI Number: 65-0320152 ☐ Applied For ☐ Not Applicable
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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 SAME
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 MIRAMAR	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent
JOSE GUZMAN
1901 S.W. 96 Terrace
MIRAMAR FL 33025

10. Name and Address of New Registered Agent
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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	D	11 TITLE	☐ Change ☐ Addition
NAME	JOSE GUZMAN		12 NAME	
STREET ADDRESS	1901 SW 96 Terrace		13 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33026		14 CITY-ST-ZIP	
TITLE	VICE PRESIDENT	D	21 TITLE	☐ Change ☐ Addition
NAME	NEETALI OLLER		22 NAME	
STREET ADDRESS	1901 SW 96 TERRACE		23 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33026		24 CITY-ST-ZIP	600001532996 -07/10/95--01010--013 *****61.25
TITLE	SECRETARY	D	31 TITLE	☐ Change ☐ Addition
NAME	LIDIA OLLER		32 NAME	*****61.25
STREET ADDRESS	1901 SW 96 Terrace		33 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33026		34 CITY-ST-ZIP	
TITLE	TREASUYER		41 TITLE	☐ Change ☐ Addition
NAME	BENJAMIN GUZMAN		42 NAME	
STREET ADDRESS	1901 SW 96 Terrace		43 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33025		44 CITY-ST-ZIP	
TITLE			51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE			61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS	T.S. 7/6/95		63 STREET ADDRESS	
CITY-ST-ZIP			64 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)(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: Jose Guzman — 5-9-95 — 305-625 2831
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #