


FILE NOW: FILING FEE IS \$61.25

FILED
Feb 03 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 # N93000002215 (2)
1. Corporation Name
SENALES DE VIDA MINISTERIO CRISTIANO INC.



Principal Place of Business 9610 WEST HEATHER LANE MIRAMAR FL 33025	Mailing Address 9610 WEST HEATHER LANE MIRAMAR FL 33025
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3. Date Incorporated or Qualified
05/14/1993

4. FEI Number 65-0415122	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
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2. Principal Place of Business 21 6769 Pembroke Rd Suite, Apt. #, etc.	2a. Mailing Address 26 6769 Pembroke Rd Suite, Apt. #, etc.
22 City & State 23 Pembroke Pines FL	27 City & State FL
24 Zip 33023	25 Country Brow
29 Zip 33023	30 Country Brow

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

**GRACIA, RUDY A
9610 WEST HEATHER LANE
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
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	GRACIA, RUDY A	
STREET ADDRESS	9610 WEST HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	GRACIA, MARIA	
STREET ADDRESS	9610 WEST HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DOMINGUEZ, JOSE A	
STREET ADDRESS	9610 WEST HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CASTRO, LUIS	
STREET ADDRESS	9610 WEST HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PINEDA, FRANK	
STREET ADDRESS	9610 WEST HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	
TITLE	D	<input type="checkbox"/> DELETE
NAME	TOMAS, EDUARDO	
STREET ADDRESS	9610 WEST HEATHER LANE	
CITY-ST-ZIP	MIRAMAR FL 33025	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: Maria Gracia **REQUIRED** 1-22-98 (954) 9634001

CR2E037 (10/97)