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 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003374 (6)**

1. Corporation Name

MINISTERIO EVANGELISTICO DIOS CON NOSOTROS, INC.

Principal Place of Business	Mailing Address
7175 SW 8TH STREET SUITE 213 MIAMI FL 33144	POST OFFICE BOX 33265-0941 MIAMI FL 33265

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/27/1993**
3a. Date of Last Report: **02/10/1994**
4. FEI Number: **65-0425471** ☐ 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 "N/A"	26 POST OFFICE BOX 65-0941
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 MIAMI, FL. "N/A"
24 Zip / 25 Country	29 33265 / 30 DADE

9. Name and Address of Current Registered Agent

RUIZ, ANICETO A
13221 S.W. 39TH TERRACE
MIAMI FL 33175

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	PTD	11 TITLE	☐ Change ☐ Addition
NAME	ANICETO A. RUIZ	12 NAME	
STREET ADDRESS	13221 SW 39TH TERRACE	13 STREET ADDRESS	POST OFFICE BOX 33265-0941
CITY-ST-ZIP	MIAMI FL	14 CITY-ST-ZIP	MIAMI, FL. 33265 "N/A"
TITLE	VSD	21 TITLE	☐ Change ☐ Addition
NAME	OTILIA A. RUIZ	22 NAME	
STREET ADDRESS	13221 SW 39TH TERRACE	23 STREET ADDRESS	POST OFFICE BOX 33265-0941
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	MIAMI, FL. 33265 " N/A "
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	ALEX RUIZ	32 NAME	
STREET ADDRESS	12340 SW 205TH STREET	33 STREET ADDRESS	POST OFFICE BOX 33265-0941
CITY-ST-ZIP	MIAMI FL	34 CITY-ST-ZIP	MIAMI, FL. 33265 "N/A"
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		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		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: _____ APRIL 28, 95 (305) 383-1451
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

ANICETO A. RUIZ

007803