

FILE NOW: FILING FEE IS \$61.25

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Jul 01 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 # **N93000005664**
1. Corporation Name
The Ministry Of Reconciliation Inc.
Corp. Number: N93000005664

Principal Place of Business Mailing Address
**1800 West 49th St.
Suite 324 "O"
Hialeah, Fl. 33012**

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 30 Dade

3. Date Incorporated or Qualified **1993** 3a. Date of Last Report **1996**
4. FLI Number **65-0458787** 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**Leoni E. Wilson
3180 N.W. 98 St.
Miami, Fl. 33147**

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	P/D Leoni E. Wilson
STREET ADDRESS		1.3 STREET ADDRESS	3180 N.W. 98 St.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, Fl. 33147
TITLE	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	V/D Rocio Fonseca <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TD Wilson Aston	2.2 NAME	12345 S.W. 18th St.
STREET ADDRESS	3180 N.W. 98 St.	2.3 STREET ADDRESS	Apt. #411
CITY-ST-ZIP	Miami, Fl. 33147	2.4 CITY-ST-ZIP	Miami, Fla. 33175
TITLE	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	T/D Maria C. Plasencia <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SD Wilson Mary	3.2 NAME	16325 S.W. 79 Ter.
STREET ADDRESS	3180 N.W. 98 St.	3.3 STREET ADDRESS	Miami, Fl. 33193
CITY-ST-ZIP	Miami, Fl. 33147	3.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	S/D Mayra Martin <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VD Morgan Jameca	4.2 NAME	12345 S.W. 18th St.
STREET ADDRESS	3180 N.W. 98 St.	4.3 STREET ADDRESS	Apt. # 411
CITY-ST-ZIP	Miami, Fl. 33147	4.4 CITY-ST-ZIP	Miami, Fl. 33175
TITLE	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	
NAME	VSD Jones Janet	5.2 NAME	
STREET ADDRESS	3180 N.W. 98 St.	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami, Fl. 33147	5.4 CITY-ST-ZIP	
TITLE	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VTD Morgan Janet	6.2 NAME	300002228663
STREET ADDRESS	3180 N.W. 98 St.	6.3 STREET ADDRESS	-07/02/97--01032--016
CITY-ST-ZIP	Miami, Fl. 33147	6.4 CITY-ST-ZIP	***61.25

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7.1

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: Leoni Wilson Date: 5-28-97 Daytime Phone #: 305-835-7700

CR2E037 (9/96)