


FILED
Jun 17, 1999 8:00 am
Secretary of State

06-17-1999 90008 025 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005664

1. Corporation Name
THE MINISTRY OF RECONCILIATION INC.

Principal Place of Business 1800 WEST 49TH ST. SUITE 224 LETTER O HIALEAH FL 33012	Mailing Address 1800 WEST 49TH ST. SUITE 324 LETTER O HIALEAH FL 33012
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2. Principal Place of Business 21 900 W 49 ST	2a. Mailing Address 26 900 W 49 ST	3. Date Incorporated or Qualified 12/13/1993
Suite, Apt. #, etc. 22 Suite 520	Suite, Apt. #, etc. 27 Suite 520	4. FEI Number 65-0458787
City & State 23 Hialeah FL 33012	City & State 28 Hialeah FL 33012	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24 33012	Country 25 USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent WILSON, LEONI E 3180 N.W. 98TH ST. MIAMI FL 33147	81 Name LEONI WILSON
	82 Street Address (P.O. Box Number Is Not Acceptable) 3180 NW 98 ST
	83 City Miami
	84 City Miami FL 85 Zip Code 33147

11. Pursuant to the provisions of Sections 817.0502 and 817.1508, 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 817.0503, 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 PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME WILSON, LEONI E		1.2 NAME	
STREET ADDRESS 3180 NW 98 ST		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP	
TITLE VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FONSECA, ROCIO		2.2 NAME	
STREET ADDRESS 12345 S.W. 18TH ST., APT. #411		2.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33175		2.4 CITY-ST-ZIP	
TITLE TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PLASENCIA, MARIA C		3.2 NAME	
STREET ADDRESS 18325 S.W. 79TH TERR.		3.3 STREET ADDRESS 3180 NW 98 ST	
CITY-ST-ZIP MIAMI FL 33193		3.4 CITY-ST-ZIP Miami FL 33147	
TITLE ST	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME VELILLA, RONNIE		4.2 NAME	
STREET ADDRESS 100 NE 6TH AVE LOT 307		4.3 STREET ADDRESS	
CITY-ST-ZIP HOMESTEAD FL 33030		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE: LEONI WILSON 5-99 305-825-8909
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)