

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000000762 (4)**

1. Corporation Name

MINISTERIO EVANGELISTICO "RECONCILIACION", INC.



Principal Place of Business 1075 WEST 68TH STREET #103 HIALEAH FL 33014	Mailing Address 1075 WEST 68TH STREET #103 HIALEAH FL 33014
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3. Date Incorporated or Qualified 02/16/1994	3a. Date of Last Report 01/26/1996
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2. Principal Place of Business 21 749 WEST 36 ST. Suite, Apt. #, etc. 22 City & State 23 HIALEAH, FL Zip 24 33012 Country	2a. Mailing Address 25 749 WEST 36 ST. Suite, Apt. #, etc. 26 City & State 27 HIALEAH, FL Zip 28 33012 Country
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4. FEI Number 65-0470867	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent QUINONEZ, JOSE R 1075 WEST 68TH STREET #103 HIALEAH FL 33014	
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 749 WEST 36 ST. 83 84 City HIALEAH FL 85 Zip Code 33012	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUINONEZ, JOSE R 1075 WEST 68TH STREET HIALEAH FL 33014	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 749 W. 36 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD CARABALLO, BENJAMIN 1075 WEST 68TH STREET HIALEAH FL 33014	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 749 W. 36 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD SEPULVEDA, TANIA 1075 WEST 68TH STREET HIALEAH FL 33014	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 749 W. 36 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR GUTIERREZ, CRISTOBAL 749 W. 36 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition TR SOCARRA, JORGE 749 W. 36 ST. HIALEAH, FL 33012
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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: **X** SIGNATURE REQUIRED

4/29/97
Date

(305)
364-8784
Daytime Phone # 0023213

CR2E037 (9/96)