FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N94000002594 (9)

HIS MI	JSIC MINISTRY, INC.				1 120111 Pt 8t0 10111 0:00 00:01 00:01 00:01	illi Askis dalid ilabi d	#118 18111 E181 1881
Birth I Bi	16.		<u> </u>				
Principal Place of Business Mailing Address					n samiting i Asia talli Athil Matit Abili Abili Ab	tin däini dania diadi di	SISO TOTAL OCUS 1001
5175 NW 2 1 MIAMI FL 33		5175 NW 2 TERRACE MIAMI FL 33126					
					3. Date Incorporated or Qualified 05/19/1994	3a. Date of Las 05/01/	
2. Principal Place of Business 2a. Mailing Addre					4. FEI Number		Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.					65-0492989		Not Applicable
22 27				5. Certificate of Status Desired		5 Additional	
		City & State)		6. Election Campaign Financing		Pequired
23		28	28]		Trust Fund Contribution		00 May Be led to Fees
Zip Country		Zip			8. This corporation has liability for intangible tax under s. 199.032,		
24 25 29			30		Florida Statutes		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
			81	Name			
MARSHALL, JAMES				Street Add	ess (P.O. Box Number is Not Acceptable)		
3241 SW 104 COURT MIAMI FL 33165			83				
MIAMI FI	L 33165		0.				i
			84	City		85 Z	Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617 1508. Florida Statut	tes, the above.	named corror	ration submits this statement for the purpo	FL °	
	red agent, or both, in the State of Flo th, and accept the obligations of, Sec			poration's boa	ation submits this statement for the purpord of directors. I hereby accept the appoint	se of changing its Iment as registere	registered office i id agent. I am
	or, and accept the congetions of, Sec	nion otriosos, rionda statutes	Ş.				
SIGNATURE .	Signature, typed or printed name of registered ager	rt and title if applicable. (No	DTE: Registered Age	nt signature require	d when reinstating)	DATE	
12.	OFFICERS AN	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE		ORS IN 12
TITLE	VD	DEFELE	1.1 TITLE			Change	
NAME	MARSHALL, ABLE J.		1.2 NAME	ŀ			
STREET ADDRESS	3241 SW 104 CT		1.3 STREE	T ADDRESS			
CITY-ST-ZIP	MIAMI FL	Decem	1.4 C(TY-	ST-ZIP			
TITLE	STD	DELETE	2.1 TITLE			☐ Change	☐ Addition
NAME CYPERY APPROACE	MARSHALL, SHERRY M.		2.2 NAME				1
STREET ADDRESS CITY - ST - ZIP	3241 SW 104 CT MIAMI FL			T ADDRESS			
TITLE	D NILLING FL	DELETE	2. 4 CITY - 3.1 TITLE	ST-ZIP			
NAME	MARSHALL, JAMES C.	[] Detaile	3.2 NAME			Change	☐ Addition
STREET ADDRESS	3241 SW 104 CT			T ADDRESS			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-	- 1			
TITLE		DELETE	4.1 TITLE	01-121		Change	Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	ADDRESS			
CITY-ST-ZIP			4.4 CITY-1	ST-2/P			ŀ
TITLE		DELETE	5.1 TITLE			☐ Change	☐ Addition
NAME			5.2 NAME				ŀ
STREET ADDRESS			5.3 STREE	ADDRESS	*		
CITY-ST-ZIP			5.4 CHY-5	T-ZIP	3		
TITLE		DELETE	61 THILE		ř.	Change	Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	1			
 City-St-ZiP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished certify that the information indicated on this paper of speed in the control of th			6.4 CITY-S	T-ZIP	with a constitution of the	0(0) 5: :: 0	
cortification:	the information indicated on this can	The time images voluntarily luttle	ויפיוסט מוזט שטפו	a not quality to	ir the exemption stated in Section 119.07(Ј)(к), Florida Statu	ites, i further

certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shell 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.

GNATURE:

GNATURE:

GNATURE: SIGNATURE: HOME AND TYPED OR PRINTED NAME