SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25.)

APPROVED AND FILED

96 SEP -6 AM 10: 28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N94000002736 (6)

1. Corporation Name
L.I.F.O. MISSIONS GROUP, INC.

Principal Place of Business
251 GALEN DR.
APT 201-E
KEY BISCAYNE, FL 33149

Mailing Address
(SAME)

3. Date Incorporated or Qualified: 5.27.94
3a. Date of Last Report: 8/95

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 65 0500820 — [X] Applied For [ ] Not Applicable

5. Certificate of Status Desired [X] — $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
DE RIBEAUX, GUS ESQ.
2809 SALZEDO AVE
CORAL GABLES, FL 33134

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

600013501136
13.10.96 00030 003
*****70.00 *****70.00

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	[ ] DELETE
NAME	ALFREO L. CONSUEGRA	
STREET ADDRESS	251 GALEN DR. APT 201-E	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	VICE PRESIDENT	[ ] DELETE
NAME	ALBERT PEREZ	
STREET ADDRESS	1303 SW 187 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE	SECRETARY	[ ] DELETE
NAME	MARIA L. CONSUEGRA	
STREET ADDRESS	251 GALEN DR APT 201-E	
CITY-ST-ZIP	KEY BISCAYNE FL 33149	
TITLE	DIANA PEREZ	[ ] DELETE
NAME	TREASURER	
STREET ADDRESS	1303 SW 187 ST	
CITY-ST-ZIP	PEMBROKE PINES FL 33025	
TITLE D	DIRECTOR	[ ] DELETE
NAME	FR. GREGORIO LANZ S.J.	
STREET ADDRESS	APARTADO 5806 CALLE LUPERON KM 5 1/2	
CITY-ST-ZIP	SANTIAGO, REPUBLICA DOMINICANA	
TITLE D	DIRECTOR	[ ] DELETE
NAME	FR. EDUARDO ALVAREZ S.J.	
STREET ADDRESS	BELEN JESUIT PREP SCHOOL 700 SW 127 AVE	
CITY-ST-ZIP	MIAMI FL 33184	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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)(k), 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: _____ 8.4.96 (305) 361-8841
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (3/96)