


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 31 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N94000004049 (2)**

1. Corporation Name

**DISCIPLESHP INTERNATIONAL, INC.**



Principal Place of Business	Mailing Address
7150 S.W. 23RD ST. APT. 40 MIAMI FL 33155-1649	7150 S.W. 23RD ST. APT. 40 MIAMI FL 33155-1649

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>08/18/1994</b>		3a. Date of Last Report <b>03/07/1996</b>	
21		26		4. FEI Number <b>65-0515402</b>		Applied For <input type="checkbox"/> Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
23		28					
Zip		Country		Zip		Country	
24		25		29		30	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>VIDAL, HUGO</b> <b>7150 S.W. 23RD STREET</b> <b>APT. 40</b> <b>MIAMI FL 33155-1649</b>				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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input type="checkbox"/> DELETE		1.1 TITLE	P/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIDAL, HUGO			1.2 NAME	VIDAL, HUGO		
STREET ADDRESS	7150 S.W. 23RD ST. #40			1.3 STREET ADDRESS	7150 SW 23rd ST #40		
CITY-ST-ZIP	MIAMI FL 33155			1.4 CITY-ST-ZIP	MIAMI FL 33155		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	V/D	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	VIDAL, ELIANA			2.2 NAME	VIDAL, ELIANA M.		
STREET ADDRESS	7150 S.W. 23RD ST. #40			2.3 STREET ADDRESS	7150 SW 23rd ST #40		
CITY-ST-ZIP	MIAMI FL 33155			2.4 CITY-ST-ZIP	MIAMI FL 33155		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	S/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MAIQUE, AIDA M			3.2 NAME	VALDES-DAPENA, ALICIA A.		
STREET ADDRESS	11194 SW 114TH TERRACE			3.3 STREET ADDRESS	1458 W 44 ST		
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP	HALEAH FL 33012		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	T/D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	DEL VALLE, ROSA E			4.2 NAME	COBIAN, MIRNA		
STREET ADDRESS	8107 SW 72ND AVENUE, #219E			4.3 STREET ADDRESS	132 NW 32 PL		
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP	MIAMI FL 33125		
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 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: HUGO VIDAL 01/03/97 (305) 261 6056  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031207

CR2E037 (9/96)