

FILE NOW: FILING FEE IS \$61.25

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Jan 22 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</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  
**DISCIPLESHIP INTERNATIONAL, INC.**

Principal Place of Business <b>7150 S.W. 23RD ST. APT. 40 MIAMI FL 33155-1649</b>	Mailing Address <b>7150 S.W. 23RD ST. APT. 40 MIAMI FL 33155-1649</b>
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3. Date Incorporated or Qualified <b>08/18/1994</b>	4. FEI Number <b>65-0515402</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>1450 SW 87 AVE</b> Suite, Apt. #, etc. 22 <b>APT P</b> City & State 23 <b>MIAMI FL</b> Zip 24 <b>33174-3342</b> Country 25 <b>U.S.A.</b>	2a. Mailing Address 26 <b>1450 SW 87 AVE</b> Suite, Apt. #, etc. 27 <b>APT P</b> City & State 28 <b>MIAMI FL</b> Zip 29 <b>33174-3342</b> Country 30 <b>U.S.A.</b>
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9. Name and Address of Current Registered Agent  
**VIDAL, HUGO  
7150 S.W. 23RD STREET  
APT. 40  
MIAMI FL 33155-1649**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
**1450 SW 87 AVE**  
83 **APT P**  
84 City **MIAMI** FL 85 Zip Code **33174-3342**

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		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	VIDAL, HUGO	
STREET ADDRESS	7150 S.W. 23RD ST. #40	
CITY-ST-ZIP	MIAMI FL	
TITLE	VD	<input type="checkbox"/>
NAME	VIDAL, ELIANA	
STREET ADDRESS	7150 S.W. 23RD ST. #40	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/>
NAME	VALDES-DAPENA, ALICIA A	
STREET ADDRESS	1458 W 44TH ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/>
NAME	COBIAN, MIRNA	
STREET ADDRESS	132 NW 32 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	P/D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	VIDAL, HUGO		
1.3 STREET ADDRESS	1450 SW 87 AVE #P		
1.4 CITY-ST-ZIP	MIAMI FL 33174-3342		
2.1 TITLE	VD	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.2 NAME	VIDAL, ELIANA		
2.3 STREET ADDRESS	1450 SW 87 AVE #P		
2.4 CITY-ST-ZIP	MIAMI FL 33174-3342		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
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.

SIGNATURE: **HUGO VIDAL** 01/04/98 (305) 229-8876  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0031079

CR2E037 (10/97)