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CORPORATION ANNUAL REPORT **1995**

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 16 PM 3:11

DOCUMENT # N94000004118 (5)

1. Corporation Name

MINISTERIO DE ALABANZA Y PREDICACION LUZ A LAS N ACIONES, INC.

Principal Place of Business	Mailing Address
3500 SW HIBISCUS PL MIRAMAR FL 33023	3500 SW HIBISCUS PL MIRAMAR FL 33023

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/22/1994
3a. Date of Last Report:
4. FEI Number: 65-0514978 (Applied For / Not Applicable)
5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ — $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27
City & State: 23	City & State: 28
Zip: 24 / Country: 25	Zip: 29 / Country: 30

9. Name and Address of Current Registered Agent

HERNANDEZ, ROSMIRA
3500 SW HIBISCUS PL
MIRAMAR FL 33023

10. Name and Address of New Registered Agent

81 Name: ROSMIRA HERNANDEZ
82 Street Address (P.O. Box Number is Not Acceptable): 3500 HIBISCUS PL.
83
84 City: MIRAMAR, FL 85 Zip Code: 33023

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPT HERNANDEZ, ROSMIRA 3500 SW HIBISCUS PL MIRAMAR FL 33023	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	DPT HERNANDEZ,ROSMIRA 3500 HIBISCUS PL. MIRAMAR FL 33023 ☒ Change ☐ Addition (same)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV CADENA, LEONARDO 3500 SW HIBISCUS PL MIRAMAR FL 33023	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	DV LEONARDO CADENAS 3500 HIBISCUS PL. MIRAMAR, FL. 33023 ☒ Change ☐ Addition (same)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DS ~~MARTINEZ, MARCELO~~ (changed) 3500 SW HIBISCUS PL MIRAMAR FL 33023	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DS LOISA C. CADENAS 3500 HIBISCUS PL. MIRAMAR, FL. 33023 ☐ Change ☒ Addition (NEW)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	DVS DIANE HERNANDEZ 3500 HIBISCUS PL. MIRAMAR, FL. 33023 ☐ Change ☒ Addition (NEW)
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

14. I/We 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)(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Rosmira Hernandez (ROSMIRA HERNANDEZ) 1-10-95 (305) 964-3891
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Telephone Number

0038400