

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 # 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**

3. Date Incorporated or Qualified

08/22/1994

3a. Date of Last Report

02/16/1995

2. Principal Place of Business

2a. Mailing Address

21 3500 Hibiscus PL

26 3500 Hibiscus Pl

4. FEI Number

65-0514978

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 None

27 None

5. Certificate of Status Desired

☒

**\$8.75 Additional
Fee Required**

City & State

City & State

23 Miramar Fl

28 Miramar Fl

6. Election Campaign Financing
Trust Fund Contribution

☒

**\$5.00 May Be
Added to Fees**

Zip

Country

Zip

Country

24 33023

25 Broward

29 33023

30 Broward

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERNANDEZ, ROSMIRA
3500 SW HIBISCUS PL
MIRAMAR FL 33023**

81 Name

None

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

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**

☐ DELETE

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
**DPT
HERNANDEZ ROSMIRA (SAME)
3500 HIBISCUS PL
MIRAMAR FL 33023**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DV
CADENA, LEONARDO
3500 SW HIBISCUS PL
MIRAMAR FL 33023**

☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
**DV
CADENAS LEONARDO (SAME)
3500 HIBISCUS PL
MIRAMAR FL 33023**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DS
CADENAS, LOISA C.
3500 SW HIBISCUS PL
MIRAMAR FL**

☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
**DS
CADENAS LOISA C. (SAME)
3500 HIBISCUS PL
MIRAMAR FL 33023**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
**DVS
HERNANDEZ, DIANE
3500 HIBISCUS PL
MIRAMAR FL**

☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
**DVS
HERNANDEZ DIANE (SAME)
3500 HIBISCUS PL
MIRAMAR FL 33023**

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

☐ Change ☐ Addition

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:

X Rosmira Hernandez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-17-96

Date

(954) 964-3891

Daytime Phone #

CR2E037 (12/95)