

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.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000004605 (1)
 1. Corporation Name

SANTIAGO GARABAYA MINISTRIES, INC.



Principal Place of Business: **5800 NE 21ST LN FT LAUDERDALE FL 33308**
 Mailing Address: **5800 NE 21ST LN FT LAUDERDALE FL 33308**

3. Date Incorporated or Qualified: **09/19/1994**
 3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business: **5880 NE 21st Ln. Ft. Laud.**
 2a. Mailing Address: **5880 NE 21st Ln. Ft. Laud.**

4. FEI Number: **65-0522947**
 Applied For: Not Applicable

22. City & State: _____
 27. City & State: _____

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

23. Zip: _____ Country: _____
 29. Zip: _____ Country: _____

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

24. _____ 25. _____ 29. _____ 30. _____

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
GARABAYA, SANTIAGO E
4305 NW 47 STREET
TAMARAC FL 33319

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	GARABAYA, SANTIAGO E	
STREET ADDRESS	4305 NW 47 STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	GARABAYA, NOEMI D	
STREET ADDRESS	4305 NW 47 STREET	
CITY-ST-ZIP	TAMARAC FL	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ESCOBAR, ERNESTO	
STREET ADDRESS	5880 NE 21ST LN	
CITY-ST-ZIP	FT LAUDERDALE FL 33308	
TITLE	DY	<input type="checkbox"/> DELETE
NAME	ESCOBAR, NOEL E	
STREET ADDRESS	4420 SW 77TH AVE	
CITY-ST-ZIP	FT LAUDERDALE FL 33328	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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: _____ **SIGNATURE REQUIRED** *Santiago Garabaya* **731-5277**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **8-2-'96** Daytime Phone # **000896**

CR2E037 (3/96)