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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000005457 (6)

1. Corporation Name

MINISTERIO EVANGELICO CASA DE ORACION Y ALABANZA
, INC.

Principal Place of Business

1327 WEST 39TH PLACE
HIALEAH FL 33012

Mailing Address

1327 WEST 39TH PLACE
HIALEAH FL 33012



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/03/1994		3a. Date of Last Report 07/26/1995	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 65-0539061		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

9. Name and Address of Current Registered Agent

PARADA, BERNARDO
6535 WEST 26TH DRIVE
#APT. 21
HIALEAH FL 33016

10. Name and Address of New Registered Agent

81 Name Vicente Rodriguez
82 Street Address (P.O. Box Number is Not Acceptable)
1327 W 39th Place
83
84 City Hialeah FL 85 Zip Code 33012

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]*
Signature, typed or printed name of registered agent and of, if applicable:

(NOTE: Registered Agent signature required when remaining:

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	TORRES, LUIS A	1.2 NAME	
STREET ADDRESS	% 1327 WEST 39TH PLACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	Secretary-Director
NAME	RODRIGUEZ, VICENTE	2.2 NAME	Rodriguez, Vicente
STREET ADDRESS	% 1327 WEST 39TH PLACE	2.3 STREET ADDRESS	1327 W. 39th Place
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE	SD	3.1 TITLE	
NAME	PARADA, BERNARDO	3.2 NAME	
STREET ADDRESS	% 1327 WEST 39TH PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	Vice-President-Director
NAME		4.2 NAME	Francisco J. Torres
STREET ADDRESS		4.3 STREET ADDRESS	1825 S.W. 67th Avenue Apt 17
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Miami, FL 33155
TITLE		5.1 TITLE	Treasurer-Director
NAME		5.2 NAME	Jose R. Toribio
STREET ADDRESS		5.3 STREET ADDRESS	1675 W. 56th Street, Apt 321D
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Hialeah, FL 33012
TITLE		6.1 TITLE	
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 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]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-96 305/882-0160

Date:

Daytime Phone #

CR2E037 (12/95)