

FILE NOW: FILING FEE IS \$61.25 ✓

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

Mailing Address

1327 WEST 39TH PLACE
HIALEAH FL 33012

1327 WEST 39TH PLACE
HIALEAH FL 33012

3. Date Incorporated or Qualified: **11/03/1994**
3a. Date of Last Report: **07/26/1995**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0539061

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

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

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

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	<input type="checkbox"/> DELETE
NAME	TORRES, LUIS A	
STREET ADDRESS	% 1327 WEST 39TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	RODRIGUEZ, VICENTE	
STREET ADDRESS	% 1327 WEST 39TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	PARADA, BERNARDO	
STREET ADDRESS	% 1327 WEST 39TH PLACE	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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	Secretary-Director	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Rodriguez, Vicente	
2.3 STREET ADDRESS	1327 W. 39th Place	
2.4 CITY-ST-ZIP	Hialeah, FL 33012	
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	Vice-President-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Francisco J. Torres	
4.3 STREET ADDRESS	1825 S.W. 67th Avenue Apt 17	
4.4 CITY-ST-ZIP	Miami, FL 33155	
5.1 TITLE	Treasurer-Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jose R. Toribio	
5.3 STREET ADDRESS	1675 W. 56th Street, Apt 21D	
5.4 CITY-ST-ZIP	Hialeah, FL 33012	
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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-29-96 305/882-0160

Date

Daytime Phone #

CR2E037 (12/95)