

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 # N95000000252 (5)

1. Corporation Name

MINISTERIO LA LUZ DE DIOS, INC.



Principal Place of Business

8816 N.W. 112 TERRACE
HIALEAH GARDENS FL 33016

Mailing Address

8816 N.W. 112 TERRACE
HIALEAH GARDENS FL 33016

3. Date Incorporated or Qualified
01/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 19675 N.W. 49 Ct.

26 19675 N.W. 49 Ct.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Miami, Florida

28 Miami, Florida

Zip

Country

Zip

Country

24 33055

25 U.S.A.

29 33055

30 U.S.A.

4. FEI Number

65-0550731

☒ 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

MARTINEZ, MARCELO
8816 N.W. 112 TERRACE
HIALEAH GARDENS FL 33016

81 Name

Marcelo MARTINEZ

82

Street Address (P.O. Box Number is Not Acceptable)

19675 N.W. 49 Ct.

83

84

City

Miami

FL

85 Zip Code

33055

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

TITLE PTD
NAME MARTINEZ, MARCELO ☐ DELETE
STREET ADDRESS 8816 N.W. 112 TERRACE
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE VD
NAME GARCIA, MARIA ☐ DELETE
STREET ADDRESS 8816 N.W. 112 TERRACE
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE SD
NAME ALMONTE, RAFAEL ☐ DELETE
STREET ADDRESS 8816 N.W. 112 TERRACE
CITY-ST-ZIP HIALEAH GARDENS FL 33016

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

PTD

☒ Change ☐ Addition

1.2 NAME

MARTINEZ, MARCELO

1.3 STREET ADDRESS

19675 N.W. 49 Ct.

1.4 CITY-ST-ZIP

MIAMI, FLORIDA 33055

2.1 TITLE

☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change ☐ 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:

Marcelo Martinez

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-23-96

Date

(305) 624-6849

Daytime Phone #

CR2E037 (3/96)