

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 # **N95000004886 (6)**

1. Corporation Name
MINISTERIO EVANGELICO VISION DE LO ALTO, INC.



Principal Place of Business
**14140 S.W. 84 STREET
H-109
MIAMI FL 33183**

Mailing Address
**14140 S.W. 84 STREET
H-109
MIAMI FL 33183**

3. Date Incorporated or Qualified **10/16/1995** 3a. Date of Last Report

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0621785	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
25	Country	30	Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
MENA, LEONEL 14140 S.W. 84 STREET H-109 MIAMI FL 33183				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	PD Leonel Mena	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	LERENAS, JORGE L			1.2 NAME	14140 SW 84 ST H-109		
STREET ADDRESS	10250 N.W. 80 COURT			1.3 STREET ADDRESS	MIAMI FL 33183		
CITY-ST-ZIP	HIALEAH GARDEN FL 33016			1.4 CITY-ST-ZIP			
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD OSUALDO Mena	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MENA, MAGALY			2.2 NAME	8777 SW 28 ST		
STREET ADDRESS	14140 S.W. 84 STREET, H-109			2.3 STREET ADDRESS	MIAMI FL 33165		
CITY-ST-ZIP	MIAMI FL 33183			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	TD MAGALY Mena	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME	MENA, LEONEL			3.2 NAME	14140 SW 84 ST H109		
STREET ADDRESS	14140 S.W. 84 STREET, H-109			3.3 STREET ADDRESS	MIAMI FL 33183		
CITY-ST-ZIP	MIAMI FL 33183			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addition
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: **Leonel Mena** *[Signature]* **04/17/96 (305) 382 96 52**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)