## FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996 DOCUMENT # N9500005709 (9)

MINISTERIO DE METAFISICA UNIVERSAL, INC.

Princinal	Place	of	Business
rucipa	1 1000	O,	Dasii iooo

Mailing Address

6920 N.W. 45TH STREET

6920 N.W. 45TH STREET



LAUDERHILL FL	33319	LAUDERHILL FL 33319								
					3	1. Date incorporated or Qualified 11/29/1995	3a. Da	te of Last F		
2. Principal Place 1040	e of Business 5 S.W. 88 ST.	2a. Mailing Address 26 10405 S.W.	88 S1	r. A-	-214	. FEI Number			pplied For tot Applicable	
Suite, Apt. #,		Suite, Apt #, etc.				5. Certificate of Status Desired		\$8.75	Additional Required	
City & State	, FL 33176	City & State	33176		€	Election Campaign Financing     Trust Fund Contribution			May Be	
Zip Zip	, FL 331/6 Country	Zıp	Country	J		3. This corporation has liability for in		x under s.		
24	25	29 30	<u> </u>			Florida Statutes   Name and Address of New Re	Yes 🗆			
	9. Name and Address of Current	Kegistered Agent	81	Name			giatered	-gont		
						OSE CARTAGENA				
CARTAGEN	•		82	\$16940	Aridiess (P.O. Box Number is Not Acceptable) 05 S.W. 88 ST APT A-214					
	45TH STREET		83	1070	<u> </u>		N LI	<u>'</u>		
LAUDERHIL	L FL 33319			MIAN	MI	FL. 33176				
			84	City	M	•	FL	85 Zup	Code 7	
44 Daniel	the are dained of Sections 817 0500 a	ad 617 1509 Florida Statutes th	ne above-r	amed cor	MIAM	submits this statement for the puri		anging its re	agistered office	
or registere	the provisions of Sections 617.0502 a d agent, or both, in the State of Florida	. Such change was authorized b	y the corp	oration's b	board of	directors. I hereby accept the appoint	intrnent as	registered	agent. I am	
_familiar with	, and accept the obligations of Section	n 617.0503, Florida Statutes					120%	_		
SIGNATURE C	2 pur a to sper	Jose Car					2/9/	2		
	Ignature typed of printed name of registered agent an OFFICERS AND		egistered Agen	it signature rec	squired when	ADDITIONS/CHANGES TO OFFI	CERS ANI	DIRECTO	25 IN 12	
12.	OFFICERS AND	DELETE	1.1 TITLE	Т	<u> </u>	ALIENTO CONTROL O TO CONTROL		Change	Addition	
TITLE	Jose Cartagena,	PRESIDENT	1.2 NAME		TAI	NEE CARTAGENA	,			
NAME		. APT A-214				O BAYSHORE CT.	#110			
STREET ADDRESS	MIAMI, FL 33176	· 71 · 7 21 1 1 1 1	1.3 STREET			MI, FL 33138	"++0	" D	1"	
CITTABLE	MIAPITY IL JULY	Floriere	14 CITY - S	ST-ZIP	111.7	1111 1	<del></del> 1	Change	Addition	
TITLE	DARITZA SANTIAGO	, VICE-PRES	2 1 TITLE		JUA	NA NIEVES		Onlings	LZ Addition	
NAME	8325 S.W. 107 AV		2 2 NAME		832		Арт	D		
STREET ADDRESS	MIAMI, FL 33173	E. AFI D "T"	2 3 STREET	ADDRESS		MI, FL. 33173	,,,,	" n	1 #	
CITY-ST-ZIP	HIAMIT IL JOITA	l .	2 4 CITY-	ST - ZIP	TILA	MIT IL. JUIT		<u>.</u>	,	
TITLE	Augs & M. Estat	DELETE	3 1 TITLE		E-A	AIN SANTANA	1	Change	Addition	
NAME	Angela M. Felici		3.2 NAME	ļ			A	110		
STREET ADDRESS		. APT A-214	3 3 STREET	FADDRESS	844		API	110	,	
CITY-ST-ZIP	MIAMI, FL 33176	<u>"T"</u>	3.4. CiTY -:	ST-ZIP	PLIA	MI, FL. 33173			) "	
TITLE	MICHELLE CARTACE	DELETE	41 TITLE	ĺ	1			Change	■ Addition	
NAME	MICHELLE CARTAGE 6882 HARDING AVE		4 2 NAME							
STREET ADDRESS		. APT 3 33141	4.3 STREET	T ADDRESS						
CITY-ST-ZIP	MIAMI BEACH FL	22141	4.4 CITY - 9	ST-ZIP						
TITLE		DELETE	5 1 TITLE					Change	Addition Addition	
NAME			5.2 NAME	Į						
STREET ADDRESS			5 3 STREE	T ADDRESS	1					
CITY-ST-ZIP			5.4 CITY - 5	1	1					
TITLE		DELETE	61 TITLE		1	90000186	~ ~ ~	☐ Change	Addition	
NAME		<b></b>	6 2 NAME	. }	}	<u> </u>	2 <b>54</b>	ದ್ದ		
STREET ADDRESS				T ADDRESS		-06/20/96010	ルスーーじ	υſ		
1			6.4 CITY - 1			***61.25				
CITY-ST-ZIP	y certify that the information supplied w	ith this filing is voluntarily furnishe	and doe	es not qua	alify for th	ne exemption stated in Section 119	.07(3)(k), Fi	orida Statul	tes. I further /	
certify that	the information indicated on this annual am an officer or director of the cornor	al report or supplemental annual abor, or the receiver or trustee er	report is tr noowered	ue and ac	co trate at	nd that my sionaiure sha⊮ have the	Same reua	i ellectas ii		
appears in	Block 12 or Block 13 if changed, or or	n an attachment with an address	i.		· · · · · ·			•	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	

BIGNATURE AND TYPED OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR