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Apr 28 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # N95000005709 (9)

1. Corporation Name

MINISTERIO DE METAFISICA UNIVERSAL, INC.

Principal Place of Business	Mailing Address
10405 S.W. 88 ST A-214 MIAMI FL 33176	10405 S.W. 88 ST A-214 MIAMI FL 33176-1563

3. Date Incorporated or Qualified: 11/29/1995
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

4. FEI Number: 65-0709258 ☐ 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

CARTAGENA, JOSE
10405 S.W. 88 ST
A-214
MIAMI FL 33176

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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	PT	☐ DELETE	1.1 TITLE	D	☐ Change ☒ Addition
NAME	CARTAGENA, JOSE		1.2 NAME	Pablo J. Cartagena	
STREET ADDRESS	10405 S.W. 88 ST, APT A-214		1.3 STREET ADDRESS	10405 S.W. 88 St. A-214	
CITY-ST-ZIP	MIAMI FL 33176		1.4 CITY-ST-ZIP	Miami Fl 33176	
TITLE	VPT	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	SANTIAGO, DARITZA		2.2 NAME		
STREET ADDRESS	8325 S.W. 107 AVE. APT D		2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		2.4 CITY-ST-ZIP		
TITLE	ST	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	FELICIANO, ANGELA M		3.2 NAME		
STREET ADDRESS	10405 S.W. 88 ST, APT A-214		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33176		3.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CARTAGENA, TAINEE		4.2 NAME		
STREET ADDRESS	8000 BAYSHORE CT #110		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33138		4.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	NIEVES, JUANA		5.2 NAME		
STREET ADDRESS	8325 S.W. 107 AVE APT D		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		5.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	SANTANA, EFRAIN		6.2 NAME		
STREET ADDRESS	8440 SW 107 AVE APT 110		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33173		6.4 CITY-ST-ZIP		

CR2E037 (9/96)

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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] 4/14/97