

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/29/1995

4. FEI Number

65-0709258

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes

☒ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

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

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 D ☐ DELETE

NAME **CARTAGENA, JOSE**
STREET ADDRESS **10405 S.W. 88 ST, APT A-214**
CITY-ST-ZIP **MIAMI FL**

TITLE VPT ☐ DELETE

NAME **SANTIAGO, DARITZA**
STREET ADDRESS **8325 S.W. 107 AVE. APT D**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE ST ☐ DELETE

NAME **FELICIANO, ANGELA M**
STREET ADDRESS **10405 S.W. 88 ST, APT A-214**
CITY-ST-ZIP **MIAMI FL 33176**

TITLE D ☐ DELETE

NAME **CARTAGENA, TAINEE**
STREET ADDRESS **8000 BAYSHORE CT #110**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE D ☐ DELETE

NAME **NIEVES, JUANA**
STREET ADDRESS **8325 S.W. 107 AVE APT D**
CITY-ST-ZIP **MIAMI FL 33173**

TITLE D ☐ DELETE

NAME **SANTANA, EFRAIN**
STREET ADDRESS **8440 SW 107 AVE APT 110**
CITY-ST-ZIP **MIAMI FL 33173**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 1st/98

Date

Daytime Phone

CR2E037 (10/97)