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Apr 19, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000005709

1. Corporation Name

MINISTERIO DE METAFISICA UNIVERSAL, INC.

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business 21 10741 S.W. 104 St. Suite, Apt. #, etc. 22 City & State 23 Miami, FL 33176 Zip Country 24 25	2a. Mailing Address 26 P.O. Box 830952 Suite, Apt. #, etc. 27 City & State 28 Miami, FL 33283 Zip Country 29 30	3. Date Incorporated or Qualified 11/29/1995 4. FEI Number 65-0709258 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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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 Daritza Santiago
 82 Street Address (P.O. Box Number is Not Acceptable) 10400 S.W. 108 Ave Apt. A-212
 83
 84 City Miami FL 85 Zip Code 33176

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 *Daritza Santiago* Daritza Santiago 13 April 1999

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARTAGENA, JOSE	1.2 NAME	Daritza Santiago
STREET ADDRESS	10405 S.W. 88 ST, APT A-214	1.3 STREET ADDRESS	10400 S.W. 108 Ave. Apt A-212
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FL 33176
TITLE	VPT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	

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, with all other like empowered.

SIGNATURE:

Daritza Santiago SIGNATURE REQUIRED

13 Apr 99

305 270-6242

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)