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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N95000006058 (0)
1. Corporation Name
INTERNATIONAL CENTER OF PRAISE, INCORPORATED



Principal Place of Business: 2069 SW 69TH COURT 7205 SW 125 AVE MIAMI FL 33155 US
Mailing Address: 2069 SW 69TH COURT 7205 SW 125 AVE MIAMI FL 33183 US

3. Date Incorporated or Qualified: 12/28/1995
4. FEI Number: 65-0626455
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: \$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

2. Principal Place of Business: 21 7205 SW 125 Ave, Suite, Apt # etc: 22
City & State: 23 Miami, Florida, Zip: 24 33183, Country: 25 U.S.A.
2a. Mailing Address: 26 7205 SW 125 Ave, Suite, Apt. #, etc.: 27
City & State: 28 Miami, Florida, Zip: 29 33183, Country: 30 U.S.A.

9. Name and Address of Current Registered Agent
VALEDON, BLANCA D
5525 SARDINIA STREET
CORAL GABLES FL 33146

10. Name and Address of New Registered Agent
81 Name: Andres J. Ruiz
82 Street Address (P.O. Box Number is Not Acceptable): 8385 SW 165 Ter
83
84 City: Miami, FL 85 Zip Code: 33157

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 of this state or 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 617.003, Florida Statutes.

SIGNATURE: *[Signature]* Andres J. Ruiz 1/12/98

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VALEDON, VINCENT	
STREET ADDRESS	5525 SARDINIA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BARRERA, HERNAN	
STREET ADDRESS	15591 SW 105TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33196	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VALEDON, BLANCA D	
STREET ADDRESS	5525 SARDINIA STREET	
CITY-ST-ZIP	CORAL GABLES FL 33146	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	RUIZILLA, ANDRESO I 400 SW	
STREET ADDRESS	8385 SW 165 TER	
CITY-ST-ZIP	MIAMI FL 33157	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	JIMENEZ, EDUARDO	
STREET ADDRESS	9201 SW 105TH STREET	
CITY-ST-ZIP	MIAMI FL 33176	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MAYEB, MARTIN	
STREET ADDRESS	2470 WEST 8TH AVE	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Treasurer / Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Ruiz, Andres
4.3 STREET ADDRESS	8385 SW 165 Ter
4.4 CITY-ST-ZIP	Miami, FL 33157
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Jose Victor Dugand
5.3 STREET ADDRESS	10441 SW 155 Ct. Apt. 922
5.4 CITY-ST-ZIP	Miami, FL 33196
6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	Jose Jerpa
6.3 STREET ADDRESS	2550 SW 19th Ave
6.4 CITY-ST-ZIP	Miami, FL 33135

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 as an attachment with an address.

SIGNATURE: *[Signature]* 1/12/98 305-2543355

CFR2E037 (10/97)