


S-8-97 B- 6738 -C

FILE NOW: FILING FEE IS \$61.25

FILED

May 08 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Moffham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N96000002093 (0) 1. Corporation Name MINISTERIO MERCEDES DEL VALLE, INC.			
Principal Place of Business 19407 DAKOTA COURT BOCA RATON FL 33434		Mailing Address 19407 DAKOTA COURT BOCA RATON FL 33434-2722	
2. Principal Place of Business 21 BOCA RATON FL 33434 Suite, Apt. #, etc. 22 BOCA RATON FL 33434 City & State 23 BOCA RATON FL 33434 Zip 24 BOCA RATON FL 33434		2a. Mailing Address 26 P. O. BOX 970326 Suite, Apt. #, etc. 27 BOCA RATON City & State 28 BOCA RATON, FLORIDA Zip 29 33497 Country 30 U.S.A.	
3. Date Incorporated or Qualified 04/01/1996		3a. Date of Last Report	
4. FEI Number 65-0661779		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	
8. This corporation has liability for Intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent HERRERO, MERCEDES D REV 19407 DAKOTA COURT BOCA RATON FL 33434		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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD	<input type="checkbox"/> DELETE	
NAME	HERRERO, MERCEDES D REV		
STREET ADDRESS	19407 DAKOTA COURT		
CITY - ST - ZIP	BOCA RATON FL 33434		
TITLE	SD	<input type="checkbox"/> DELETE	
NAME	BENITEZ, JOSEPHINE		
STREET ADDRESS	19407 DAKOTA COURT		
CITY - ST - ZIP	BOCA RATON FL 33434		
TITLE	TD	<input type="checkbox"/> DELETE	
NAME	BERNAL, MARIA		
STREET ADDRESS	2800 NW 56TH AVENUE APT. A-304		
CITY - ST - ZIP	LAUDERHILL FL 33313		
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE	
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			
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: Mercedes Del Valle			
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR			



CR2E037 (9/96)