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May 08 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 # N96000002127 (6)

1. Corporation Name

MINISTERIO INTERNACIONAL LA GLORIA DE DIOS, INC.

Principal Place of Business

Mailing Address

12811 S.W. 134TH COURT
MIAMI FL 33177

12811 S.W. 134TH COURT
MIAMI FL 33186-5803



3. Date Incorporated or Qualified

04/19/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

13727 SW 152 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

225

City & State

City & State

23

28

MIAMI - FL

Zip

Country

Zip

Country

24

25

33177

30

DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAMIREZ, MIGUEL A
12811 S.W. 134TH COURT
MIAMI FL 33177

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME RAMIREZ, MIGUEL A
STREET ADDRESS 13991 S.W. 159TH TERRACE
CITY-ST-ZIP MIAMI FL 33177

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME RAMIREZ, VIRGINIA
STREET ADDRESS 13991 S.W. 159TH TERRACE
CITY-ST-ZIP MIAMI FL 33177

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE STD
NAME RAMIREZ, MANNY A
STREET ADDRESS 4512 S.W. 89TH COURT
CITY-ST-ZIP MIAMI FL 33177

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (9/96)