FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

N96000002328 (0)

MINISTERIO EVANGELISTICO INTERNACIONAL, INC.

Principal Pla	ce of Business	Mailing Address		<u> </u>				
rinciparria	CB OLDUZILIB22	-						
9977 SW 152 MIAMI FL 3315		9977 SW 152 TER. MIAMI FL 33157-1683						
					3. Date incorporated or Qualified 05/01/1996	3a. Da	te of Last Re	3port
	Place of Business	2a. Mailing Address			4. FEI Number			plied For
21		26						t Applicable
Suite, Api	t. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A	
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.00	May Be
23		28			Trust Fund Contribution		Added to	o Fees
Zip	Country	Zip		intry	8. This corporation has liability to			199.032,
24	25 9. Name and Address of Curr	29 cont Begletored Apent	30	1	Florida Statutes 10. Name and Address of New F		No	
·	g. Hame and Address of Curr	ent Generales When		81 Name	TO, Italife and Addiese of them I	iogistored i	(gont	
MANITU	ri sasveja					·	~·	
	EL, MAYELA			82 Street Add	fress (P.O. Box Number is Not Accept	able)		
	W 152 TER.			83				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
MIAMI	FL 33157							
				84 City		FL	85 Zip C	Code
11. Pursuan	t to the provisions of Sections 617.0	502 and 617.1508, Florida Sta	utes, the a	bove-named cor	poration submits this statement for the		changing its	s registered
office or	registered agent, or both, in the Sta	ate of Florida, Such change wa ligations of Section 617 0503	s authorize Florida Stel	d by the corpora	poration submits this statement for the ation's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE		ingulation of, openion of 1.0000,	101100					
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable (N	OTE: Registere	d Agent signature requ		DATE		
12.	OFFICERS A	AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND		
TYTLE	D	☐ DELETE	1.1 10	, , , , , , , , , , , , , , , , , , ,			☐ Change	Addition
NAME	MONTIEL, MAYELA		1.2 N	AME				
STREET ADDRESS			135	TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157			ITY-ST-ZIP			Change	Addition
TITLE	D INTERNATION LABOR	☐ DELETE	211	,			Change	Addition
NAME	CHIRINOS, JORGE		2.2 N	Į.				
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157	DELETE	2.40 3.1 To	CITY-ST-ZIP			Change	Addition
NAME	CHIRINOS, CARLA	C prefit	3.1 N				first ourside	المارانية البيع
STREET ADDRESS				TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157			OTY-ST-21P				
TITLE	D	DELETE	4.1 7		· · · · · · · · · · · · · · · · · · ·		☐ Change	☐ Addition
NAME	CHIRINOS, ANTONIO	_	4.21					
STREET ADORESS	1			TREET ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157			ITY-ST-ZIP				
TITLE		DELETE	5.1 T	TLE			☐ Change	☐ Addition
NAME			5.2 N	AME				
STREET ADDRESS	s 		5.3 \$	TREET ADDRESS				
CITY-S1-ZIP			540	ITY-ST-ZIP		,		
TITLE		DELETE	6.1 T	TLE			Change	Addition

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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.2 NAME

NAME

STREET ADDRESS

CITY-ST-ZIP

FILED

Apr 22 1997 8:00am

Secretary of State