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Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000002686 (1)

1. Corporation Name
MINISTERIO DE ACTUALIZACION MATRIMONIAL, INC.



Principal Place of Business Mailing Address
SAN ISIDRO CATHOLIC CHURCH 2310 MARTIN LUTHER KING BLVD. POMPANO BEACH FL 33069
SAN ISIDRO CATHOLIC CHURCH 2310 MARTIN LUTHER KING BLVD. POMPANO BEACH FL 33069-1508

3. Date Incorporated or Qualified 05/21/1996	3a. Date of Last Report N/A
4. FEI Number	Applied For <input checked="" type="checkbox"/> 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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent
CORTES, EFRAIN
1000 EAST ATLANTIC BLVD., SUITE 204
POMPANO BEACH FL 33060

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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 checked="" type="checkbox"/> DELETE
NAME	ESCABI, MONTI
STREET ADDRESS	1261 NW 87 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	TD <input type="checkbox"/> DELETE
NAME	TORRES, HILTON
STREET ADDRESS	12484 SW 1ST ST
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	SD <input type="checkbox"/> DELETE
NAME	BALLEN, OMAR
STREET ADDRESS	5200 SW 6 PLACE
CITY-ST-ZIP	MARGATE GS FL 33068
TITLE	D <input type="checkbox"/> DELETE
NAME	HERNANDEZ, SIXTO
STREET ADDRESS	1261 NW 87 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	D <input type="checkbox"/> DELETE
NAME	HERNANDEZ, ANA
STREET ADDRESS	1261 NW 87 AVE
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WOODWORTH R. DRAUGHON JR.
1.3 STREET ADDRESS	11901 N.W. 31 PL
1.4 CITY-ST-ZIP	SUNRISE, FL. 33223
2.1 TITLE	T.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JAIRO ROJAS
2.3 STREET ADDRESS	6620 PEBBLE BEACH
2.4 CITY-ST-ZIP	N. LAUDERDALE, FL 33068
3.1 TITLE	S. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	ELIZABETH RAMOS
3.3 STREET ADDRESS	102 S.W. 204 AVE.
3.4 CITY-ST-ZIP	PEMBROKE PINES, FL 33029
4.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	HERNANDEZ SIXTO
4.3 STREET ADDRESS	6830 N.W. 21 TERRACE
4.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
5.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	ALBERTO FERREIRA
5.3 STREET ADDRESS	887 SAVANNAH FALL DRIVE
5.4 CITY-ST-ZIP	WESTON, FL. 33326
6.1 TITLE	S.D. <input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	ANGELA ROJAS
6.3 STREET ADDRESS	6620 PEBBLE BEACH
6.4 CITY-ST-ZIP	N. LAUDERDALE, FL. 33068

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: *Woodworth R. Draughon Jr.* WOODWORTH R. DRAUGHON JR. 1-29-97 954-785-3926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0026928

CR2E037 (9/96)