

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

APPROVED
AND
FILED

97 SEP 15 AM 9:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000003740 (5)**

1. Corporation Name

RESTAURACION, MINISTERIO DE UNIDAD FAMILIAR INC.

Principal Place of Business 12236 S.W. 208TH TERRACE MIAMI FL 33177	Mailing Address 12236 S.W. 208TH TERRACE MIAMI FL 33177
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2955 SW 8 ST		2a. Mailing Address 26 P. O. BOX 830775		3. Date Incorporated or Qualified 07/16/1996	3a. Date of Last Report
Suite, Apt. #, etc. 22 202		Suite, Apt. #, etc.		4. FEI Number 65-0466201	Applied For Not Applicable
City & State 23 MIAMI, Florida		City & State 28 MIAMI, FL.		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Zip 24 33135		Country 25 USA		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip 29 33283		Country 30 USA		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORDERO, AMARILIS
12236 S.W. 208TH TERRACE
MIAMI FL 33177**

81 Name AMARILIS CORDERO
82 Street Address (P.O. Box Number is Not Acceptable) 12505 SW 95TH
83
84 City MIAMI
85 Zip Code FL 33186

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORDORO, AMARILIS		1.2 NAME	
STREET ADDRESS 12236 S.W. 208TH TERRACE		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL 33172		1.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, CAROL		2.2 NAME	
STREET ADDRESS 9351 FOUNTAINBLEAU BLVD. APT. B-415		2.3 STREET ADDRESS 412 SW LEJEUNE RD	
CITY-ST-ZIP MIAMI FL 33172		2.4 CITY-ST-ZIP MIAMI, FL. 33134	
TITLE D	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CISNEROS, SIDAR		3.2 NAME	
STREET ADDRESS 8500 S.W. 133RD AVE. ROAD #110 -415		3.3 STREET ADDRESS 700002295667449	
CITY-ST-ZIP MIAMI FL 33183		3.4 CITY-ST-ZIP -09/17/97-01034408121	
TITLE P	<input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME CORDERO, MARCIAL		4.2 NAME	
STREET ADDRESS 12236 S.W. 208H TERRACE		4.3 STREET ADDRESS 12505 SW 95TH	
CITY-ST-ZIP MIAMI FL 33177		4.4 CITY-ST-ZIP MIAMI, FL. 33186	
TITLE S	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARFETAN, PASTORA J		5.2 NAME	
STREET ADDRESS 5730 E. 6TH AVENUE		5.3 STREET ADDRESS 412 SW LEJEUNE RD	
CITY-ST-ZIP HALEAH FL 33013		5.4 CITY-ST-ZIP MIAMI, FL. 33134	
TITLE T	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME NUNEZ, JUAN A		6.2 NAME	
STREET ADDRESS 9351 FOUNTAINBLEAU BLVD. APT. B-415		6.3 STREET ADDRESS OCTAVIO AREAS	
CITY-ST-ZIP MIAMI FL 33172		6.4 CITY-ST-ZIP 174 NW 48 PL	

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 REQUIRED _____ 8/19/97 305 644-0608

CR2E037 (4/97)