

FILE NOW: FILING FEE IS \$61.25

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Jun 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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 2955 S.W. 8 STREET SUITE 202 MIAMI FL 33135	Mailing Address 2955 S.W. 8 STREET SUITE 202 MIAMI FL 33135
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 07/16/1996	
4. FEI Number 65-0466201	Applied For <input type="checkbox"/> Yes <input type="checkbox"/> No
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
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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 CORDERO, AMARILIS 12505 S.W. 95 TERRACE MIAMI FL 33186	
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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	<input type="checkbox"/> DELETE
NAME	VD CORDERO, AMARILIS
STREET ADDRESS	12236 S.W. 208TH TERRACE
CITY-ST-ZIP	MIAMI FL 33172
TITLE	<input type="checkbox"/> DELETE
NAME	D MENDOZA, GERARDO
STREET ADDRESS	412 S.W. LE JEUNE ROAD
CITY-ST-ZIP	MIAMI FL 33134
TITLE	<input type="checkbox"/> DELETE
NAME	D CISNEROS, SIDAR
STREET ADDRESS	8500 S.W. 133RD AVE. ROAD #110 -415
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	P CORDERO, MARCIAL
STREET ADDRESS	12505 S.W. 95 TERRACE
CITY-ST-ZIP	MIAMI FL 33186
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S MENDOZA, CELIA M
STREET ADDRESS	412 S.W. LE JEUNE RD.
CITY-ST-ZIP	MIAMI FL 33134
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	T AREAS, OCTAVIO
STREET ADDRESS	174 N.W. 48 PLACE
CITY-ST-ZIP	CAROL CITY FL 33055

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME CORDERO, AMARILIS	
1.3 STREET ADDRESS 12505 SW 95 Terr	
1.4 CITY-ST-ZIP MIAMI, FL. 33186	
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 S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME KATHY CORDERO	
5.3 STREET ADDRESS 12505 SW 95 Terr	
5.4 CITY-ST-ZIP MIAMI, FL. 33186	
6.1 TITLE T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME AMARILIS CORDERO	
6.3 STREET ADDRESS 12505 SW 95 Terr	
6.4 CITY-ST-ZIP MIAMI, FL. 33186	

14. I 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: *Amarilis Cordero* Date: 1-5-98 Daytime Phone #: 0028928

CR2E037 (10/97)