FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

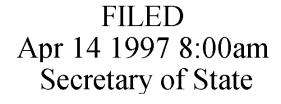
Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N96000004351 (0)

MINISTERIO MISIONEROS DEL EL SHADDAI, INC.

Principal Place of Business	Mailing Address		
6259 S.W. 62ND COURT	6259 S.W. 62ND COURT		
MIAMI FL 33143	MIAMI FL 33143-2124		





6259 S.W. 62N		6259 S.W. 62ND COURT MIAMI FL 33143-2124				
	•			Date Incorporated or Qualified	3a. Date of Last Report	
				08/20/1996	N.A	
<u> </u>	Place of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 29 Suite, Apt.	E 69 5T	26 29 6 63 Suite, Apt. #, etc.	5T	65-0692195	Not Applicable	
22 Suite, Apt.	. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	le	City & State		6. Election Campaign Financing	\$5.00 May Be	
		28 HIALCAR		Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for in		
24 330		20 FL.	30 DADE		Yes No	
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name						
MENDE	7 DAEAEI A	USE MENDEZ				
MENDEZ, RAFAEL A 6259 S.W. 62ND COURT			B2 Street Addre	et Address (P.O. Box Number is Not Acceptable)		
	L 33142		83			
]			84 City //		85 Zip Code	
<u></u>			1 1 14//	alegit	- FL 」 <i>33013</i>	
11. Pursuant office or i	to the provisions of Sections 617.0502 registered agent, or both, in the State	^p and 617.1508, Florida Statule of Florida. Such change was a	es, the above-named corporation	oration submits this statement for the proof on submits the proof of directors. I hereby accept	urpose of changing its registered If the appointment as registered	
agent. I a	am familiar with, and accept the obliga	tions of, Section 617.0503, Flo	rida Statutes		11 1- 67	
SIGNATURE	Signature, typed or printed name of registered ager	FD If any lite if applicable (NOTE	Registered Agent signature require	ed when reinstating)	4-1-97 DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	(VD	☐ DELETE	1.1 Table		Change Addition	
NAME	MENDEZ, RAFAEL A		1.2 NAME			
STREET ADDRESS	6259 S.W. 62ND CT.		1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142 PD	☐ DELETE	1.4 CITY-ST-ZIP 21 TITLE		Change Addition	
NAME	MENDEZ, JOSE		224445	_		
STREET ADDRESS	520 EAST 53RD ST.		(3)STREET ADDRESS	29 E 63 ST		
CITY-ST-ZIP	HIALEAH FL 33013		COUTY-ST-ZIP	HIAlegH F. 33	0/3	
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition	
NAME	MENDEZ, ANA		32 NAME	765 12 ST		
STREET ADDRESS	520 EAST 53RD ST. HIALEAH FL 33013		C.3STREET ADDRESS	29 E 63 ST HIA/CGII FI 33 Z9 E 63 ST HIA/CGU FI 330	7/2	
CITY-ST-ZIP TITLE	HIALEAN FL 33013	☐ DELETE	41 TITLE	MANUEL PL DOC	Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP		·	4.4 City-St-ZiP	<u>,, </u>		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		☐ DELETE	5.4 CITY- ST - ZIP 6.1 TITLE		Change Addition	
NAME	.:		6.2 NAME		- counge - respirior	
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP		<u></u>	6.4 CITY - ST - ZIP			
14 I do herel	by codify that the information cumplied	with this filing does not qualify	for the exemption stated	in Section 119 07/3)(i) Florida Statutes	I further certify that the	

4. I do hereby certify that the information supplied with this filing does not quality 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 receivor 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.

CHATLIDE TOTALLA DILLINGE CHATCHEZ

4-1-97 (305) (19.11)