

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N96000004351 (0)**

1. Corporation Name

MINISTERIO MISIONEROS DEL EL SHADDAI, INC.

Principal Place of Business

Mailing Address

**6259 S.W. 62ND COURT
MIAMI FL 33143**

**6259 S.W. 62ND COURT
MIAMI FL 33143-2124**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1996		3a. Date of Last Report N/A	
21 29 E 63 ST		26 29 E 63 ST		4. FEI Number 65-0692195		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State Hialeah FL		28 City & State Hialeah		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip 33013		25 Country DADE		29 Zip FL		30 Country DADE	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

**MENDEZ, RAFAEL A
6259 S.W. 62ND COURT
MIAMI FL 33142**

81 Name	JOSE MENDEZ
82 Street Address (P.O. Box Number is Not Acceptable)	29 E 63 ST
83	
84 City	Hialeah FL
85 Zip Code	33013

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 **JOSE MENDEZ PD**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

4-1-97

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	MENDEZ, RAFAEL A			1.2 NAME			
STREET ADDRESS	6259 S.W. 62ND CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33142			1.4 CITY-ST-ZIP			
TITLE	PD	<input type="checkbox"/> DELETE		2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENDEZ, JOSE			2.2 NAME			
STREET ADDRESS	520 EAST 53RD ST.			2.3 STREET ADDRESS	29 E 63 ST		
CITY-ST-ZIP	HIALEAH FL 33013			2.4 CITY-ST-ZIP	HIALEAH FL 33013		
TITLE	SD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	MENDEZ, ANA			3.2 NAME			
STREET ADDRESS	520 EAST 53RD ST.			3.3 STREET ADDRESS	29 E 63 ST		
CITY-ST-ZIP	HIALEAH FL 33013			3.4 CITY-ST-ZIP	HIALEAH FL 33013		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 **JOSE MENDEZ PD**

4-1-97 (30) 419.112

CR2E037 (9/96)