

FILE NOW: FILING FEE IS \$61.25

FILED  
Apr 14 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000004351 (0)**  
1. Corporation Name  
**MINISTERIO MISIONEROS DEL EL SHADDAI, INC.**



Principal Place of Business <b>6259 S.W. 62ND COURT MIAMI FL 33143</b>	Mailing Address <b>6259 S.W. 62ND COURT MIAMI FL 33143-2124</b>
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2. Principal Place of Business <b>21 29 E 63 ST</b>	2a. Mailing Address <b>26 29 E 63 ST</b>	3. Date Incorporated or Qualified <b>08/20/1996</b>	3a. Date of Last Report <b>N.A.</b>
Suite, Apt. #, etc. <b>22</b>	Suite, Apt. #, etc. <b>27</b>	4. FEI Number <b>65-0692195</b>	Applied For <input type="checkbox"/> Not Applicable
City & State <b>23 Hialeah FL.</b>	City & State <b>28 HIALEAH</b>	5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip <b>24 33013</b>	Country <b>25 DADE</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
Zip <b>29 FL</b>	Country <b>30 DADE</b>	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>MELENDEZ, RAFAEL A 6259 S.W. 62ND COURT MIAMI FL 33142</b>		10. Name and Address of New Registered Agent <b>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</b>	
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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) [Signature] DATE 4-1-97

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VD MELENDEZ, RAFAEL A 6259 S.W. 62ND CT. MIAMI FL 33142 <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD MELENDEZ, JOSE 520 EAST 53RD ST. HIALEAH FL 33013 <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>29 E 63 ST HIALEAH FL 33013</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD MELENDEZ, ANA 520 EAST 53RD ST. HIALEAH FL 33013 <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition <b>29 E 63 ST HIALEAH FL 33013</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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] DATE: 4-1-97 (30) 419.112

CR2E037 (9/96)