

FILE NOW: FILING FEE IS \$61.25

FILED
Feb 19 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000004655 (4)

1. Corporation Name

LOVE AND MIRACLES OF JESUS CHRIST CORPORATION



Principal Place of Business

Mailing Address

11578 N.W. 42ND ST.
CORAL SPRINGS FL 33065
US

11578 N.W. 42ND ST.
CORAL SPRINGS FL 33065
US

3. Date Incorporated or Qualified

08/30/1996

4. FEI Number

65-0695754

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PAULI, OSCAR A
7503 KIMBERLY BLVD. APT #110
NORTH LAUDERDALE FL 33068

81 Name

OSCAR A. PAULI

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME PAULI, OSCAR A
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VD
NAME HEGEL, NELIDA B
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE TD
NAME PAULI, GRISELDA E
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME HERNANDEZ, LUIS D
STREET ADDRESS 7503 KIMBERLY BLVD. APT #110
CITY-ST-ZIP NORTH LAUDERDALE FL 33068

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME LACOT, MARIA M
STREET ADDRESS 8040 COLONY CIRCLE BLDG 2, APT. 305
CITY-ST-ZIP TAMARAC FL 33321

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

000002434960

-02/19/98--01027--009

***61.25

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:

OSCAR A PAULI

02-13-98

(954) 796-3333

CP2E037 (10/97)