

FILE NOW: FILING FEE IS \$61.25

FILED

Mar 05 1998 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1998</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT #** N 96000004879  
**1. Corporation Name** Cathedral of Life Ministries, Inc.  
*NC 2/2/98*

**Principal Place of Business** 1125-71 Street  
 Miami Beach - Fl. 33141  
**Mailing Address** P.O. Box 41-5432  
 Miami Beach - Fl. 33141

**3. Date Incorporated or Qualified** 9/19/96  
**4. FEI Number** 65-0713913  
☐ Applied For  
☒ Not Applicable

**2. Principal Place of Business**  
**21** Suite, Apt. #, etc.  
**22** City & State  
**23** Zip  
**24** Country  
**25** Mailing Address  
**26** Suite, Apt. #, etc.  
**27** City & State  
**28** Zip  
**29** Country  
**30**

**5. Certificate of Status Desired** ☒ **\$8.75 Additional Fee Required**  
**6. Election Campaign Financing Trust Fund Contribution** ☐ **\$5.00 May Be Added to Fees**  
**7. Is this nonprofit corporation a homeowners association?** ☐ Yes ☒ No  
**8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.** ☐ Yes ☒ No

**9. Name and Address of Current Registered Agent**  
 Solange De Luna Ramalho  
 1865 J.F. Kennedy Cswy # 7K  
 North Bay Village - Fl. 33141

**10. Name and Address of New Registered Agent**  
**81** Name  
**82** Street Address (P.O. Box Number is Not Acceptable)  
**83**  
**84** City  
**85** Zip Code  
 FL

**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** Solange De Luna Ramalho **SOLANGE DE LUNA RAMALHO** **02/13/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**12. OFFICERS AND DIRECTORS**

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

President P/D Francisco De Luna  
 1865 J.F. Kennedy Cswy # 7K  
 North Bay Village Fl. 33141  
 Vice-President / Secretary V/S/D Solange De Luna Ramalho  
 1865 J.F. Kennedy Cswy # 7K  
 N.B.V. Florida 33141  
 Treasurer T/D Antonio Galic  
 6960 Rue Vendome # 404  
 Miami Beach - Fl. 33141  
 Treasurer T Grace Sjervatta  
 7135 Collins Ave # 935  
 Miami Beach - Fl. 33141  
 600002449436  
 -03/06/98--01077--005  
 \*\*\*70.00  
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**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:** Solange De Luna Ramalho **SOLANGE DE LUNA RAMALHO** **02/13/98** **(305) 8688244**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CPRE037 (10/97)