

FILE NOW: FILING FEE IS \$61.25

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Mar 10 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000001436 (1)**

1. Corporation Name

MINISTERIO RIOS DE AGUA VIVA, INC.



Principal Place of Business 2706 NASSAU ROAD WEST PALM BEACH FL 33406	Mailing Address 2706 NASSAU ROAD WEST PALM BEACH FL 33406
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3. Date Incorporated or Qualified 03/06/1997	
4. FEI Number 65-0645893	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent SAENZ, CELSO 2706 NASSAU ROAD WEST PALM BEACH FL 33406
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	JUAN R. LORENS
STREET ADDRESS	1528 North ID Street
CITY-ST-ZIP	Lake Worth, FLA 33460
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
1.1 TITLE	T
1.2 NAME	LUIS MARTI
1.3 STREET ADDRESS	1405 N "A" Street
1.4 CITY-ST-ZIP	Lake Worth, FLA 33460
2.1 TITLE	S/T
2.2 NAME	DIANA ZENTKOVICH
2.3 STREET ADDRESS	1848 PRAIRIE ROAD
2.4 CITY-ST-ZIP	West Palm Beach, FLA 33406
3.1 TITLE	P/D
3.2 NAME	CELSE SAENZ
3.3 STREET ADDRESS	2706 NASSAU RD
3.4 CITY-ST-ZIP	W.P.B. FLA 33406
4.1 TITLE	Rebeca MOLINA T
4.2 NAME	1601 18th Avenue North
4.3 STREET ADDRESS	Lake Worth, FLA 33460
4.4 CITY-ST-ZIP	
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: _____ **06/15/98 (561) 247-2044**

CR2E037 (10/97)