

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Sep 20, 1999 8:00 am**  
**Secretary of State**

09-20-1999 90011 049 \*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # N97000001597**

1. Corporation Name

**MINISTERIO EVANGELISTICO LA VOZ DEL SENOR, INC.**

Principal Place of Business

19850 SW 208 ST  
MIAMI FL 33187

Mailing Address

19850 SW 208 ST  
MIAMI FL 33187



2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

3. Date Incorporated or Qualified  
**03/21/1997**

4. FEI Number

**65-0737263**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

9. Name and Address of Current Registered Agent

**AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134**

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

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

TITLE **DP** ☐ DELETE  
NAME **APONTE, VICENTE Q**  
STREET ADDRESS **19850 SW 208 ST**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **DV** ☐ DELETE  
NAME **SANTIAGO, AHIEZEL G**  
STREET ADDRESS **19850 SW 208 ST**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE **DT** ☒ DELETE  
NAME **ROSA, FERDINAND A**  
STREET ADDRESS **19850 SW 208 ST**  
CITY-ST-ZIP **MIAMI FL 33187**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **DP** ☐ Change ☐ Addition  
1.2 NAME **QUINONES, VICENTE**  
1.3 STREET ADDRESS **19850 SW 208 ST**  
1.4 CITY-ST-ZIP **MIAMI, FL 33187**

2.1 TITLE **DVT** ☒ Change ☐ Addition  
2.2 NAME **GONZALEZ, Ahiezel** *last name correction*  
2.3 STREET ADDRESS **19850 SW 208 ST**  
2.4 CITY-ST-ZIP **MIAMI, FL 33187**

3.1 TITLE **DT** ☐ Change ☒ Addition  
3.2 NAME **Yolanda ZECENA**  
3.3 STREET ADDRESS **19850 SW 208 ST**  
3.4 CITY-ST-ZIP **MIAMI, FL 33187**

4.1 TITLE **S** ☐ Change ☒ Addition  
4.2 NAME **CONSUELO RICO**  
4.3 STREET ADDRESS **19850 SW 208 ST**  
4.4 CITY-ST-ZIP **MIAMI, FL 33187**

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

9/10/99

(787) 261-9314

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)