


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 19, 1999 8:00 am
Secretary of State

07-19-1999 90004 012 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000003826					
1. Corporation Name FLORIDA HISPANIC BIBLE CHURCH & MINISTRIES INC.					
Principal Place of Business 4711 SW 152 TERRACE MIRAMAR FL 33027			Mailing Address P.O. BOX 592571 MIAMI FL 33159		



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		3. Date Incorporated or Qualified 07/02/1997 4. FEI Number 59-3462977 Applied For Not Applicable 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
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9. Name and Address of Current Registered Agent BAREK, JUAN J 5701 WEST 25TH COURT #312 HIALEAH FL 33016				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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	REV. JUAN J. BAREK <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAREK, JUAN J REV	1.2 NAME	4711 SW 152 TERRACE
STREET ADDRESS	5701 WEST 25TH COURT #312	1.3 STREET ADDRESS	PEMBROKE PINES, FL 33027
CITY-ST-ZIP	HIALEAH FL 33016	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALZAMORA, TERESA	2.2 NAME	TERESA ALZAMORA
STREET ADDRESS	13009 S HWY 475	2.3 STREET ADDRESS	10550 STATE ROAD 84
CITY-ST-ZIP	OCALA FL 34480	2.4 CITY-ST-ZIP	DAVIE, FL 33324
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAREK, SARAH C	3.2 NAME	SARAH C. BAREK
STREET ADDRESS	5701 WEST 25TH COURT #312	3.3 STREET ADDRESS	4711 SW 152 TR. PEMBROKE PINES
CITY-ST-ZIP	HIALEAH FL 33016	3.4 CITY-ST-ZIP	FLA 33027
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:

Roxanne E. Borek
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/01/99

Date

(954) 443-2408

Daytime Phone #

CR2E037 (5/99)