

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90015 040 ****61.25

DOCUMENT # N98000002225

1. Corporation Name

MINISTERIO LA CASA DE DIOS CORP.

Principal Place of Business

6265 W 8TH AVE
HIALEAH FL 33012

Mailing Address

6265 W 8TH AVE
HIALEAH FL 33012

2. Principal Place of Business

21 7480 Miami LAKES DRIVE

Suite, Apt. #, etc.

22 9-106

City & State

23 MIAMI LAKES - FLORIDA

Zip

24 33014

Country

25 USA

2a. Mailing Address

26 7480 Miami LAKES DRIVE

Suite, Apt. #, etc.

27 9-106

City & State

28 MIAMI LAKES - FLORIDA

Zip

29 33014

Country

30 USA

3. Date Incorporated or Qualified

04/17/1998

4. FEI Number

65-0834367

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

RIVERA, ANCIZAR
6265 W 8TH AVE
HIALEAH FL 33012

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 PTD ☐ DELETE

NAME RIVERA, ANCIZAR

STREET ADDRESS 6265 W 8TH AVE

CITY-ST-ZIP HIALEAH FL 33012

TITLE VSD ☐ DELETE

NAME RICAURTE, MIRYAM

STREET ADDRESS 6265 W 8TH AVE

CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ DELETE

NAME RODRIGUEZ FERRO, MARIO

STREET ADDRESS 6265 W 8TH AVE

CITY-ST-ZIP HIALEAH FL 33012

TITLE D ☐ DELETE

NAME MORENO ROJAS, NELLY

STREET ADDRESS 6265 W 8TH AVE

CITY-ST-ZIP HIALEAH FL 33012

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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-27-99

819-6590

CR2E037 (11/98)