

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).

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Aug 30, 1999 8:00 am**  
**Secretary of State**

08-30-1999 90004 030 \*\*\*\*61.25

**DOCUMENT # N98000002527**

1. Corporation Name

**KING OF KINGS AND LORD OF LORDS WORLD MINISTRIES  
, INC.**

Principal Place of Business

14058 SW 139 COURT  
MIAMI FL 33186

Mailing Address

14058 SW 139 COURT  
MIAMI FL 33186

6 610378-90004-30 8 \*



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26 13041 S.W. 17 TERR		05/01/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0832110	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28 Miami, FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Trust Fund Contribution	
24		29 33175		30 USA	
Country		Country			
25		31			

**9. Name and Address of Current Registered Agent**

SASTRE, ANTONIO  
14058 SW 139 COURT  
MIAMI FL 33186

**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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASTRE, ANTONIO	1.2 NAME	
STREET ADDRESS	13041 SW 17 TERR	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176-1228	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SASTRE, MARIA V	2.2 NAME	
STREET ADDRESS	13041 SW 17 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33176-1228	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANIZARES, EUNIRIDE	3.2 NAME	
STREET ADDRESS	2155 NW 37 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33142	3.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ESTRADA, BERTA	4.2 NAME	
STREET ADDRESS	1310 SW 138 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	4.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JUNQUERA, MARGARITA	5.2 NAME	
STREET ADDRESS	11974 SW 195 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177	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:**

**SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-20-99

Date

305-227-5821

Daytime Phone #

CR2E037 (5/99)