

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # N98000003822

1. Corporation Name

SALT AND LIGHT MUSIC MINISTRIES INC.

Principal Place of Business

8303 S.W. 142ND AVENUE. #D101  
MIAMI FL 33183

Mailing Address

8303 S.W. 142ND AVENUE. #D101  
MIAMI FL 33183

2. Principal Place of Business

21

2a. Mailing Address

26

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

City & State

23

City & State

28

Zip Country

24

Zip Country

25

29

30

3. Date Incorporated or Qualified  
06/29/1998

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired  \$8.75 Additional  
Fee Required

6. Election Campaign Financing  \$5.00 May Be  
Trust Fund Contribution  Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

CINCO, ERICK J  
8303 S.W. 142ND AVENUE, #D101  
MIAMI FL 33183

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

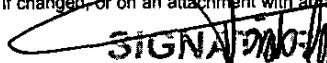
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ERICK J. CINCO	1.2 NAME	
STREET ADDRESS	8303 SW 142nd. AVE # D101	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33183	1.4 CITY-ST-ZIP	
TITLE	DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YOLANDA MACHADO	2.2 NAME	
STREET ADDRESS	511 W. 39th ST.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLADYS RUENES	3.2 NAME	
STREET ADDRESS	3568 W 72 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS, FL 33018	3.4 CITY-ST-ZIP	
TITLE	DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GILBERT OLIVA	4.2 NAME	
STREET ADDRESS	554 W 2nd. CRT.	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH, FL 33012	4.4 CITY-ST-ZIP	
TITLE	DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMILO JARQUIN	5.2 NAME	
STREET ADDRESS	14330 SW 101 LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33186	5.4 CITY-ST-ZIP	
TITLE	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 another like empowered.

SIGNATURE:  REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/98 305-530-2430

Daytime Phone #

CR2E037 (11/98)