2004 NOT-FOR-PROFIT CORPORATION **ANNUAL REPORT**

changed, or on an attachment with an address, with all other like empowered.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE:

Aug 13, 2004 8:00 am Secretary of State 08-13-2004 90143 001 *****8.75 DOCUMENT # N98000004325 08-13-2004 90143 002 ****61.25 MINISTERIO CASA BELEN (PACTO DE PAZ), INC. Principal Place of Business ! Mailing Address 16201 NE 9TH COURT 7105 WEST 12TH AVENUE #8 66431929 HIALEAH, FL 33014 NORTH MIAMI BEACH, FL 33162 2. Principal Place of Business Mailing Address iend way Rd 600 612 NW 90 Trr. Suite, Apt. #, etc. Greensboro 08102004 Planto Chg-NP CR2E037 (10/03) City & State City & State 4. FEI Number 65-0854667 Applied For Not Applicable Zip ブ4<u>ブ</u>ひ Country_ \$8.75 Additional 5. Certificate of Status Desired 7. Name and Address of New Registered Agent MORALES, IVAN 16201 NE 9 CT NORTH MIAMI BEACH, FL 33162 700 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent SIGNATURE (NOTE: Registered Agent signature required when reinstating) Filing Fee is \$61.25 9. Election Campaign Financing Make check payable to \$5.00 May Be Trust Fund Contribution. Florida Department of State Due by September 8, 2004 Added to Fees ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10 OFFICERS AND DIRECTORS 10, TITLE TITLE PΟ Addition Delete MORALES IVAN, REV. 600 Friendway Rd MORALES, IVAN REV NAME NAME STREET ADDRESS 16201 NE 9 CT STREET ADDRESS NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP Greensboro, Ne. 27410 CITY-ST-ZIP Change TITLE Delete TITLE Addition MORALES MARIO, REV. 612 NW GO Trr. Plantation, FL.3: MORALES, MARIO REV NAME NAME STREET ADDRESS 16201 NE 9 CT STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 Change ___ Addition TITLE Delete TITLE MORALES, VICKY MORALES VICKY W12 NW 90 Trd. Plantation, Fx. 3332 NAME NAME STREET ADDRESS 16201 NE 9TH CT STREET ADDRESS CITY-ST-ZIP NORTH MIAMI BEACH, FL 33162 CITY-ST-ZIP Addition Change TITLE ☐ Delete TITLE NAME NAME: STREET ADDRESS STREET ADDRESS 3019 CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY_ST-ZIP CITY-ST-ZIP TITLE ☐ Delete Change NAME ... NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP 12. 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 report or supplemental 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 10 or Block 11 if

FILED