FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1999

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

04-25-1999 90011 029 ****61.25
04-25-1999 90011 030 *****8.75
N98000004566
FILED
99 JUL 26 AM 10: 25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
408654 - 90011 - 15

DOCUMENT # N98000004566

1. Corporation Name

MINISTERIO LAS AGUILAS DE DIOS, INC.

Principal Place of Business	Mailing Address
9591 FONTAINBLEAU BLVD. SUITE 209 MIAMI FL 33172	9591 FONTAINBLEAU BLVD. SUITE 209 MIAMI FL 33172

2. Principal Place of Business
21: 9591 Fontainebleau Blvd
Suite, Apt. #, etc.
22: apt 209
City & State
23: Miami FLA.
Zip
24: 33172
Country
25: dade

2a. Mailing Address
26: Same
Suite, Apt. #, etc.
27:
City & State
28:
Zip
29:
Country
30:

3. Date Incorporated or Qualified
06/07/1998

4. FEI Number
65-0823650
☐ 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

8. Name and Address of Current Registered Agent

APARICIO, NOEMI
9591 FONTAINBLEAU BLVD.
SUITE 209
MIAMI FL 33172

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD APARICIO, NOEMI 9591 FONTAINBLEAU BLVD. MIAMI FL 33172	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	VPD FUENTES, MIRIAM 10752 S.W. 142 CT. MIA. FL. 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VPD FELICIER, ANA 1462 NW. 3RD ST. #4 MIAMI FL 33125	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	TDD TEODOLINDA HIDALGO 10752 S.W. 142 CT. MIA. FL. 33186	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TDD COSORLA, GLADYS 1462 NW. 3RD ST. #4 MIAMI FL 33125	☑ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	D. NANCY PAREDES 9591 FONTAINBLEAU BLVD. MIA, FL 33172	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD GARCIA, ROBERTO 835 NW 3RD ST. MIAMI FL 33125	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D DRAKE, TARCILA 1901 BRICKELL AVE. B1209 MIAMI FL	☑ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D ROUSLTSON, ROSA 9591 FONTAINBLEAU BLVD. #209 MIAMI FL 33172	☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	SP	☐ Change ☐ Addition

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** 4/7/99
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E037 (11/98)