


FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90154 005 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N98000005368					
1. Corporation Name MINSTERIO EL HIJO PRODIGO, INC.					
Principal Place of Business 1313 CHIEF TRAIL ORLANDO FL 32825			Mailing Address P O BOX 570745 ORLANDO FL 32857		

5 7 2 3 6
 572366 - 90013 - 20



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 1331 CHIEF TRAIL		26		09/14/1998	
22 ORLANDO, FL.		27		4. FEI Number	
City & State		City & State		59-3498260	
23 32825		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		\$8.75 Additional Fee Required	
Country		Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
25		29		\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DREW, GLORIA 5912 PARK HAMILTON BLVD #133 ORLANDO FL 32808				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			
				FL			

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.

(NOT E: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PRESIDENT	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Rigoberto CARRION	<input checked="" type="checkbox"/>		1.2 NAME			
STREET ADDRESS	1331 CHIEF TRAIL			1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL. 32825			1.4 CITY-ST-ZIP			
TITLE	VICE-PRESIDENT	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	JUAN VEGA	<input checked="" type="checkbox"/>		2.2 NAME			
STREET ADDRESS	1851 HIALOMA ST.			2.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL. 32808			2.4 CITY-ST-ZIP			
TITLE	TREASURER	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	ADA CUBANO	<input checked="" type="checkbox"/>		3.2 NAME			
STREET ADDRESS	10104 Seaway St.			3.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO FL. 32817			3.4 CITY-ST-ZIP			
TITLE	SECRETARY	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	SONIA REYES			4.2 NAME			
STREET ADDRESS	1331 CHIEF TRAIL			4.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO, FL.			4.4 CITY-ST-ZIP			
TITLE	DIEGO COLON	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	937 BARBADOS AVE.			5.2 NAME			
STREET ADDRESS	ORLANDO, FL. 32825			5.3 STREET ADDRESS			
CITY-ST-ZIP				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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rigoberto CARRION

4/26/99

(407) 227-2507

CR2E037 (11/98)