NONPROFIT CORPORATION

**FILE NOW: FILING FEE IS \$61.25** 

FLORIDA DEPARTMENT OF STATE

**Katherine Harris** 

Secretary of State **DIVISION OF CORPORATIONS** 

1999

ANNUAL REPORT

## DOCUMENT # N98000006504

1. Corporation Name

## MINISTERIO DIOS ETERNO, INC.

Principal Place of Business

Mailing Address

2650 NORTHWEST 28TH STREET

2650 NORTHWEST 28TH STREET

**FILED** Mar 10, 1999 8:00 am § Secretary of State

03-10-1999 90005 007 \*\*\*\*61.25

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UNIT 903 UNIT 903 MIAMI FL 33142 MIAMI FL 33142									
2. Principal Place of Business 21. Same as Above 26					3. Date incorporated or Qualifed 11/17/1998				
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	4. FEI Number		_ <del>  ``</del>	plied For	
22		27			65-0878	<u> 123</u>		t Applicable	
City & State		City & State	<b>⊢</b> '		5. Certifcate of Status Desired	d S8.75 Additional Fee Required			
Zip	Country 25	Zip 30	Country		Election Campaign Financing     Trust Fund Contribution		\$5.00 Added to		
	9. Name and Address of Current	t Registered Agent			10. Name and Address of New Re	gistered A	gent		
			81	Name		•			
AMERILAN			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	<u> </u>		
343 ALMERIA AVENUE CORAL GABLES FL 33134			83		<del></del>		,		
			84	City		FL	85 Zip C	ode	
office or re agent. I a	to the provisions of Sections 617.0502 egistered agent, or both, in the State of m familiar with, and accept the obligat	of Florida. Such change was auth	norized by	the corporat	poration submits this statement for the ption's board of directors. I hereby accept	urpose of o the appoin	changing its trnent as reg	registered gistered	
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	egistered Ager	nt signature requi	red when reinstating)	DATE		<del></del> ]	
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFF	CERS AN	DIRECTO	RS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE				Change	☐ Addition	
NAME	LOPEZ, OSCAR		1.2 NAME					٠.,	
STREET ADDRESS	2650 NORTHWEST 28TH STREE	ET	1.3 STREE	ADDRESS		•			
CITY-ST-ZIP	MIAMI FL 33142		1.4 CITY-S	T-ZIP					
TITLE	VD O	☐ DELETE	2.1 TITLE				☐ Change	Addition	
NAME	Lopez, Thelma		2.2 NAME						
STREET ADDRESS	2650 NORTHWEST 28TH STREE	7	2.3 STREE	ADDRESS		•			
CITY-ST-ZIP	MIAMI FL 33142		2. 4 CITY-5	T-ZIP			☐ Change	Addition	
TITLE	SD	☐ DELETE	3.1 TITLE					Audition	
NAME	VILLATORO, JOSE		3.2 NAME		. A superior and a su	-	•		
STREET ADDRESS	2650 NORTHWEST 28TH STREE	<b>:</b> [		ADDRESS	•				
CITY-ST-ZIP	MIAMI FL 33142	☐ DELETE	3.4. CITY-5 4.1 TITLE	57-ZIP	<del></del>		Change	Addition	
TITLE	TD	L.J DELETE	4.1 TILE				C) amaniès		
NAME	Marrero, Olma A   <b>2650 No</b> rthwest 28th Strei			T ADDRESS					
STREET ADDRESS		<b>51</b>	4.4 CITY-S				*		
TITLE	MIAMI FL 33142	☐ DELETE	5.1 TITLE	1-24			Change	Addition	
			5.2 NAME				_	<del>.</del>	
NAME STREET ADORESS			1	TADORESS					
			5.4 CITY-S	- 1	•	. •			
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			,	Change	Addition	
NAME			6.2 NAME			ų.		)	
STREET ADDRESS			6.3 STREE	TADDRESS					
SIREEI ADDKESS			64 CITY-S					ļ	

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: