


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 26, 1999 8:00 am**  
**Secretary of State**

02-26-1999 90013 017 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N98000007153**

1. Corporation Name  
**EMILIO REYES MINISTRIES, INC.**

Principal Place of Business 8004 N.W. 28TH PLACE SUNRISE FL 33322	Mailing Address 8004 N.W. 28TH PLACE SUNRISE FL 33322
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 12/17/1998
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0878244 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

REYES, EMILIO A  
 8004 N.W. 28TH PLACE  
 SUNRISE FL 33322

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 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 *Emilio A. Reyes* DATE 1/25/99

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	REYES, EMILIO A	
STREET ADDRESS	8004 N.W. 28TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	REYES, LILLIAN	
STREET ADDRESS	8004 N.W. 28TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	DE JESUS, JOSEPH REV	
STREET ADDRESS	8004 N.W. 28TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DE JESUS, JUSTINE REV	
STREET ADDRESS	8004 N.W. 28TH PLACE	
CITY-ST-ZIP	SUNRISE FL 33322	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	SD DeJesus, Joseph Rev.
3.3 STREET ADDRESS	929 W. Maple St.
3.4 CITY-ST-ZIP	N. Lauderdale, FL 33068
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	TD DeJesus, Justine Rev.
4.3 STREET ADDRESS	929 W. Maple St.
4.4 CITY-ST-ZIP	N. Lauderdale, FL 33068
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 all other like empowered.

SIGNATURE: *Emilio A. Reyes* REQUIRED SIGNATURE DATE: 1/25/99 (954) 572-9725

CR2E037 (11/98)