

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P36997** (5)
1. Corporation Name
TALLER DE ORACION Y VIDA, INC.



Principal Place of Business: **ONE GROVE ISLE #407 COCONUT GROVE FL 33133**
Mailing Address: **ONE GROVE ISLE #407 COCONUT GROVE FL 33133**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	11780 SW 18 STREET	26	11780 SW 18 STREET	12/26/1991	02/28/1995
Suite, Apt. #, etc. 230		Suite, Apt. #, etc. 230		4. FEI Number	Applied For
City & State MIAMI, FL		City & State MIAMI, FL		65-0314689	<input checked="" type="checkbox"/> Not Applicable
24	Zip 33175	25	Country USA	29	30
24	Zip 33175	25	Country USA	29	30
5. Certificate of Status Desired				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
<input checked="" type="checkbox"/> \$8.75 Additional Fee Required				<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
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			10. Name and Address of New Registered Agent		
ADILA, GLORIA 15146 SW 94TH TERR MIAMI FL 33196			81 Name	RITA VILLAVICENCIO	
			82 Street Address (P.O. Box Number is Not Acceptable)	11780 SW 18 STREET	
			83	APT. 230	
			84 City	MIAMI	85 Zip Code
				FL	33175

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: *Rita Villavicencio* - **RITA VILLAVICENCIO, DT.** DATE: **6/15/96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	DCV	1.1 TITLE	
NAME	LUQUIN, CAMILO	12. NAME	
STREET ADDRESS	LLANO SUBER CASEUX	13. STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO, CHILE	14. CITY- ST- ZIP	
TITLE	DP	2.1 TITLE	
NAME	ROJAS, MARIA INES	22. NAME	
STREET ADDRESS	CALLE EL RODEO 13555	23. STREET ADDRESS	
CITY- ST- ZIP	SANTIAGO, CHILE	24. CITY- ST- ZIP	
TITLE	DT	3.1 TITLE	DT
NAME	ABAUNZA, LEONIDAS	32. NAME	RITA VILLAVICENCIO
STREET ADDRESS	ONE GROVE ISLE #407	33. STREET ADDRESS	11780 SW 18 ST #230
CITY- ST- ZIP	COCONUT GROVE FL	34. CITY- ST- ZIP	MIAMI, FL 33175
TITLE	D	4.1 TITLE	DS
NAME	ABAUNZA, GLADYS	42. NAME	BEATRIZ PLATA
STREET ADDRESS	ONE GROVE ILSE #407	43. STREET ADDRESS	9680 SW 152 AVENUE #3
CITY- ST- ZIP	COCONUT GROVE FL	44. CITY- ST- ZIP	MIAMI, FL 33175
TITLE	DS	5.1 TITLE	
NAME	ARDILA, GLORIA	52. NAME	
STREET ADDRESS	15146 SW 94TH TERR	53. STREET ADDRESS	
CITY- ST- ZIP	MIAMI FL	54. CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY- ST- ZIP		64. CITY- ST- ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13, unchanged, or on an attachment with an address.

SIGNATURE: *Rita Villavicencio* **RITA VILLAVICENCIO** DATE: **6/15/96** PHONE: **305-551-7320**

CR2E034 (12/95)