

**2013 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N08000003275

**FILED**  
**May 01, 2013**  
**Secretary of State**  
**CC9846742482**

**Entity Name:** MINISTERIO INTERNACIONAL APOSTOLICO LOS HIJOS DE LA FE, INC.

**Current Principal Place of Business:**

90 E. 10TH AVE.  
HIALEAH, FL 33010

**Current Mailing Address:**

90 E. 10TH AVE.  
HIALEAH, FL 33010

**FEI Number: 26-2330766**

**Certificate of Status Desired: Yes**

**Name and Address of Current Registered Agent:**

DE LA CRUZ, JUAN P  
90 E. 10TH AVE.  
HIALEAH, FL 33010 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PD  
Name DE LA CRUZ, JUAN P  
Address 90 E. 10TH AVE.  
City-State-Zip: HIALEAH FL 33010

Title VPD  
Name CUEVAS, BASILIA  
Address 90 E. 10TH AVE.  
City-State-Zip: HIALEAH FL 33010

Title SD  
Name DE LA CRUZ, AMMY  
Address 90 E. 10TH AVE.  
City-State-Zip: HIALEAH FL 33010

Title TD  
Name DUBON, MIRNA  
Address 90 E. 10TH AVENUE  
City-State-Zip: HIALEAH FL 33010

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE: JUAN P. DE LA CRUZ**

**PD**

**05/01/2013**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date