

FILE NOW: FILING FEE IS \$61.25

FILED

**Jan 22 1997 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 703446 (5)
1. Corporation Name
THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF MIAMI, INC.



Principal Place of Business 2480 NW 7TH ST BOX 3501057 MIAMI FL 33125-3135	Mailing Address 2480 NW 7TH ST BOX 3501057 MIAMI FL 33125-3135
--	--

3. Date Incorporated or Qualified 01/12/1962	3a. Date of Last Report 03/14/1996
--	--

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29
---	--

4. FEI Number 59-1288361	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**SOSA, WINSTON H
2480 NW 7TH ST
MIAMI FL 33125**

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: *Winston Sosa* **WINSTON SOSA** DATE: **1/14/97**

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	CRUZ, RAFAEL	
STREET ADDRESS	2850 S.W. 1ST STREET	
CITY-ST-ZIP	MIAMI FL 33135	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	URGELLES, ARMANDO	
STREET ADDRESS	5011 NW 4TH TERR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	CABRERA, ROMANA	
STREET ADDRESS	432 S.W. 87 PL.	
CITY-ST-ZIP	MIAMI FL	
TITLE	S	<input type="checkbox"/> DELETE
NAME	VUELTA, XIOMARA	
STREET ADDRESS	10170 N.W. 54 TERRACE	
CITY-ST-ZIP	MIAMI FL 33141	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOSA, WINSTON H	
STREET ADDRESS	2625 COLLINS AVENUE, #1708	
CITY-ST-ZIP	MIAMI BEACH FL 33141	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, CARLOTICA	
STREET ADDRESS	651 N.W. 43 COURT	
CITY-ST-ZIP	MIAMI FL 33126	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 do 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.

SIGNATURE: *Winston Sosa* **WINSTON SOSA** DATE: **1/14/97** 3056424755
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) Daytime Phone # 0028287

CFR2E037 (9/96)