


FILE NOW: FILING FEE IS \$61.25

FILED

**Apr 15 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 703446 (5)
1. Corporation Name
THE FIRST SPANISH UNITED PRESBYTERIAN CHURCH OF MIAMI, INC.



Principal Place of Business 2480 NW 7TH ST MIAMI FL 33125-3135	Mailing Address 2480 NW 7TH ST MIAMI FL 33125-3135
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3. Date Incorporated or Qualified 01/12/1962	Applied For Not Applicable
4. FEI Number 59-1288361	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
**TURINO, ROLANDO G
1041 NW 32ND PL
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
FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	C <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CRUZ, RAFAEL	1.2 NAME	
STREET ADDRESS	2850 S.W. 1ST STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33135	1.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	URGELLES, ARMANDO	2.2 NAME	TD
STREET ADDRESS	5011 NW 4TH TERR	2.3 STREET ADDRESS	JORGE VEITIA
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	33139
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, ROMANA	3.2 NAME	CABRERA, ROMANA
STREET ADDRESS	432 S.W. 87 PL.	3.3 STREET ADDRESS	432 SW 87 PL.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami, FL 33174
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VUELTA, XIOMARA	4.2 NAME	D
STREET ADDRESS	5825 COLLINS AVE #1708	4.3 STREET ADDRESS	MARIA SOSA
CITY-ST-ZIP	MIAMI BEACH FL 33140	4.4 CITY-ST-ZIP	9650 Fontainebleau Blvd. Villa #1
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TORINO, ROLANDO C	5.2 NAME	PD
STREET ADDRESS	1041 NW 32ND PL	5.3 STREET ADDRESS	GARCIA TURIÑO, ROLANDO
CITY-ST-ZIP	MIAMI BEACH FL 33125	5.4 CITY-ST-ZIP	1041 NW 32 PL., Miami, FL 33125
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELPIDIO, PADILLA DR	6.2 NAME	
STREET ADDRESS	421 WREN AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33106	6.4 CITY-ST-ZIP	

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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TD
2.3 STREET ADDRESS	JORGE VEITIA
2.4 CITY-ST-ZIP	33139
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	CABRERA, ROMANA
3.3 STREET ADDRESS	432 SW 87 PL.
3.4 CITY-ST-ZIP	Miami, FL 33174
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	D
4.3 STREET ADDRESS	MARIA SOSA
4.4 CITY-ST-ZIP	9650 Fontainebleau Blvd. Villa #1
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	PD
5.3 STREET ADDRESS	GARCIA TURIÑO, ROLANDO
5.4 CITY-ST-ZIP	1041 NW 32 PL., Miami, FL 33125
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.

SIGNATURE: _____ **REQUIRED**

CP2E037 (10/97)