

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **724426** (2)

1. Corporation Name

**PRIMERA IGLESIA BAUTISTA HISPANA DE PLANTATION, INC.**

95 MAY -1 AM 9:24

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>09/26/1972</b>  | 3a. Date of Last Report<br><b>05/01/1994</b>           |
| 4. FEI Number<br><b>59-6515419</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired<br><input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required                  |
| 6. Election Campaign Financing Trust Fund Contribution<br><input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees                     |
| 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status<br><input checked="" type="checkbox"/>  | <b>\$68.75</b> Supplemental Fee Not Required           |
| 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes<br><input type="checkbox"/> Yes <input type="checkbox"/> No |  |

|   |                     |   |             |
|---|---------------------|---|-------------|
| Principal Place of Business               |                     | Mailing Address                           |             |
| 1261 SW 55TH TERR.<br>PLANTATION FL 33317 |                     | 1261 SW 55TH TERR.<br>PLANTATION FL 33317 |             |
| 21. Principal Place of Business           | 26. Mailing Address |   |             |
| Suite, Apt. #, etc.                       | Suite, Apt. #, etc. |   |             |
| 22. City & State                          | 27. City & State    |   |             |
| 23. Zip                                   | 28. Zip             |   |             |
| Country                                   | Country             |   |             |
| 24. Zip                                   | 25. Country         | 29. Zip                                   | 30. Country |

9. Name and Address of Current Registered Agent

**RUIZ, MANUEL**  
**9741 NW 25 COURT**  
**SUNRISE FL 33322**

10. Name and Address of New Registered Agent

|  |           |
|--|-----------|
| 81. Name   |           |
| 82. Street Address (P.O. Box Number is Not Acceptable) |           |
| 83. City   |           |
| 84. City   | <b>FL</b> |
| 85. Zip Code   |           |

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE: *Manuel Ruiz*  
Signature (typed or printed name of registered agent) (Date): \_\_\_\_\_ (NOTE: Registered Agent signature required when resubmitting) 19411

| 12. OFFICERS AND DIRECTORS |                          | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |  |
|----------------------------|--------------------------|---|--|
| TITLE                      | <b>P</b>                 | 11 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>RUIZ, MANUEL</b>      | 12 NAME   |  |
| STREET ADDRESS             | <b>9741 NW 25 CT.</b>    | 13 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>SUNRISE FL</b>        | 14 CITY-ST-ZIP  |  |
| TITLE                      | <b>T</b>                 | 21 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>ROMAN, ELDA A</b>     | 22 NAME   |  |
| STREET ADDRESS             | <b>1261 SW 55TH TERR</b> | 23 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>     | 24 CITY-ST-ZIP  |  |
| TITLE                      | <b>S</b>                 | 31 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>COBIELLES, ALICIA</b> | 32 NAME   |  |
| STREET ADDRESS             | <b>7141 NW 10 COURT</b>  | 33 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>     | 34 CITY-ST-ZIP  |  |
| TITLE                      | <b>D</b>                 | 41 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>COBIELLES, JOSE</b>   | 42 NAME   | <b>D</b>   |
| STREET ADDRESS             | <b>7141 NW 10 CT.</b>    | 43 STREET ADDRESS                                     | <b>MARIANO GRANA</b>   |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>     | 44 CITY-ST-ZIP  | <b>425 SW 22 AVENUE</b>  |
| TITLE                      | <b>D</b>                 | 51 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | <b>MORGADO, MIGUEL</b>   | 52 NAME   |  |
| STREET ADDRESS             | <b>1261 SW 55TH TERR</b> | 53 STREET ADDRESS                                     |  |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>     | 54 CITY-ST-ZIP  |  |
| TITLE                      | <b>D</b>                 | 61 TITLE  | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | <b>ROMAN, ADRIAN</b>     | 62 NAME   | <b>D</b>   |
| STREET ADDRESS             | <b>10081 NW 10 ST.</b>   | 63 STREET ADDRESS                                     | <b>Armando Lopez</b>   |
| CITY-ST-ZIP                | <b>PLANTATION FL</b>     | 64 CITY-ST-ZIP  | <b>1261 SW 55 Terrace</b>  |
|                            |                          |   | <b>Plantation, FL 33317</b>  |

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE: *Alicia Cobilles*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date: **2/20/95** (305) 587-7777