

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 09, 1999 8:00 am**  
**Secretary of State**

03-09-1999 90132 006 \*\*\*\*61.25

|                                                                         |  |                                                                                   |                                                           |                                                                                                          |  |
|-------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------------------------------------------------------|--|
| <b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>                         |  |  |                                                           | FLORIDA DEPARTMENT OF STATE<br><b>Katherine Harris</b><br>Secretary of State<br>DIVISION OF CORPORATIONS |  |
| <b>DOCUMENT # 747375</b>                                                |  |                                                                                   |                                                           |                                                                                                          |  |
| 1. Corporation Name<br><b>INSTITUTO BIBLICO PENTECOSTAL MIZPA, INC.</b> |  |                                                                                   |                                                           |                                                                                                          |  |
| Principal Place of Business<br>0661 NW 119ST<br>MIAMI FL 33168<br>US    |  |                                                                                   | Mailing Address<br>1661 N.W. 119 ST.<br>N. MIAMI FL 33167 |                                                                                                          |  |



|                                |  |                         |  |                                                                                          |  |
|--------------------------------|--|-------------------------|--|------------------------------------------------------------------------------------------|--|
| 2. Principal Place of Business |  | 2a. Mailing Address     |  | 3. Date Incorporated or Qualified                                                        |  |
| 21 1661 N.W. 119 Street        |  | 26 1661 N.W. 119 Street |  | 05/25/1979                                                                               |  |
| Suite, Apt. #, etc.            |  | Suite, Apt. #, etc.     |  | 4. FEI Number                                                                            |  |
| 22                             |  | 27                      |  | 65-0206069                                                                               |  |
| City & State                   |  | City & State            |  | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |  |
| 23 MIAMI FL                    |  | 28 MIAMI FL             |  | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees      |  |
| Zip Country                    |  | Zip Country             |  | Trust Fund Contribution                                                                  |  |
| 24 33167 25 US                 |  | 29 33167 30 US          |  |                                                                                          |  |

|                                                                |  |  |  |                                                       |  |  |  |
|----------------------------------------------------------------|--|--|--|-------------------------------------------------------|--|--|--|
| 9. Name and Address of Current Registered Agent                |  |  |  | 10. Name and Address of New Registered Agent          |  |  |  |
| RIVERA, REV ENRIQUE<br>2610 N.W. 36TH STREET<br>MIAMI FL 33142 |  |  |  | 81 Name                                               |  |  |  |
|                                                                |  |  |  | 82 Street Address (P.O. Box Number is Not Acceptable) |  |  |  |
|                                                                |  |  |  | 83                                                    |  |  |  |
|                                                                |  |  |  | 84 City                                               |  |  |  |
|                                                                |  |  |  | 85 Zip Code                                           |  |  |  |
|                                                                |  |  |  | North Miami FL 33168                                  |  |  |  |

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 *Enrique Rivera* (NOTE: Registered Agent signature required when reinstating) DATE

|                                       |  |  |  |                                                                             |  |  |  |
|---------------------------------------|--|--|--|-----------------------------------------------------------------------------|--|--|--|
| 12. OFFICERS AND DIRECTORS            |  |  |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                       |  |  |  |
| TITLE PD                              |  |  |  | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME MARTINEZ-ESPADA JOSE             |  |  |  | 1.2 NAME                                                                    |  |  |  |
| STREET ADDRESS 3289 NW 99TH ST        |  |  |  | 1.3 STREET ADDRESS                                                          |  |  |  |
| CITY-ST-ZIP MIAMI FL                  |  |  |  | 1.4 CITY-ST-ZIP                                                             |  |  |  |
| TITLE D                               |  |  |  | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME MARTINEZ, EMILIA                 |  |  |  | 2.2 NAME                                                                    |  |  |  |
| STREET ADDRESS 3289 NW 99TH ST        |  |  |  | 2.3 STREET ADDRESS                                                          |  |  |  |
| CITY-ST-ZIP MIAMI FL                  |  |  |  | 2.4 CITY-ST-ZIP                                                             |  |  |  |
| TITLE S                               |  |  |  | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME RIVERA, ENRIQUE                  |  |  |  | 3.2 NAME                                                                    |  |  |  |
| STREET ADDRESS 2610 NW 36TH ST        |  |  |  | 3.3 STREET ADDRESS                                                          |  |  |  |
| CITY-ST-ZIP MIAMI FL                  |  |  |  | 3.4 CITY-ST-ZIP                                                             |  |  |  |
| TITLE TD                              |  |  |  | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME SOLANO, JUAN                     |  |  |  | 4.2 NAME                                                                    |  |  |  |
| STREET ADDRESS 441 SW 29TH AVE        |  |  |  | 4.3 STREET ADDRESS                                                          |  |  |  |
| CITY-ST-ZIP FT. LAUDERDALE FL         |  |  |  | 4.4 CITY-ST-ZIP                                                             |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                                  |  |  |  | 5.2 NAME                                                                    |  |  |  |
| STREET ADDRESS                        |  |  |  | 5.3 STREET ADDRESS                                                          |  |  |  |
| CITY-ST-ZIP                           |  |  |  | 5.4 CITY-ST-ZIP                                                             |  |  |  |
| TITLE <input type="checkbox"/> DELETE |  |  |  | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |  |  |  |
| NAME                                  |  |  |  | 6.2 NAME                                                                    |  |  |  |
| STREET ADDRESS                        |  |  |  | 6.3 STREET ADDRESS                                                          |  |  |  |
| CITY-ST-ZIP                           |  |  |  | 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, with all other like empowered.

SIGNATURE: *Enrique Rivera* 2/10/99 407.380-3357  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)