

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 756458 (6)

1. Corporation Name
IGLESIA BAUTISTA ESTRELLA DE BELEN, INC.



Principal Place of Business: 510 E 41ST ST HIALEAH FL 33013
Mailing Address: 510 E 41ST ST HIALEAH FL 33013

3. Date Incorporated or Qualified: 02/20/1981
3a. Date of Last Report: 04/06/1995

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number	Applied For
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	\$8.75 Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
	Country		Country			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
RAYVIS, MYRON J 821 SW 69TH COURT MIAMI FL 33156				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTOLONGO, JAVIER		1.2 NAME				
STREET ADDRESS	316 W 47 ST		1.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH FL		1.4 CITY-ST-ZIP				
TITLE	SD	<input type="checkbox"/> DELETE	2.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, MAGALY		2.2 NAME				
STREET ADDRESS	20441 NW 44TH COURT		2.3 STREET ADDRESS				
CITY-ST-ZIP	CAROL CITY FL		2.4 CITY-ST-ZIP				
TITLE	TD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	TD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	PEREZ, HUMBERTO		3.2 NAME	USEDA JOSE			
STREET ADDRESS	1191 SW 142 PL		3.3 STREET ADDRESS	7011 West 29 Ave. #114			
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Hialeah, fl. 33016			
TITLE	D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HERNANDEZ, CARLOS A.		4.2 NAME	GONZALEZ JOEL			
STREET ADDRESS	410 E 58TH ST		4.3 STREET ADDRESS	701 East 21 Street			
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-ST-ZIP	Hialeah, fl. 33013			
TITLE	D	<input type="checkbox"/> DELETE	5.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORY, RUBEN M.D.		5.2 NAME				
STREET ADDRESS	237 SW 77TH AVENUE		5.3 STREET ADDRESS				
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP				
TITLE	D	<input type="checkbox"/> DELETE	6.1 TITLE				<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GONZALEZ, DAGOBERTO		6.2 NAME				
STREET ADDRESS	20441 NW 44TH COURT		6.3 STREET ADDRESS				
CITY-ST-ZIP	CAROL CITY FL		6.4 CITY-ST-ZIP				

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: Javier Sotolongo JAVIER Sotolongo Date: 4-30-96 Daytime Phone: 305-696-1243

CR2E037 (12/95)