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Pa **Apr 08 1997 8:00am**
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33013-2343
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3. Date Incorporated or Qualified 02/20/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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4. FEI Number 59-2346439	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**RAYVIS, MYRON J
 821 SW 69TH COURT
 MIAMI FL 33156**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SOTOLONGO, JAVIER	
STREET ADDRESS	316 W 47 ST	
CITY-ST-ZIP	HIALEAH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GONZALEZ, MAGALY	
STREET ADDRESS	20441 NW 44TH COURT	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	USEDA JOSE	
STREET ADDRESS	7011 WEST 29 AVE #114	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, JOEL	
STREET ADDRESS	701 EAST 21 STREET	
CITY-ST-ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BORYS, RUBEN M.D.	
STREET ADDRESS	237 SW 77TH AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, DAGOBERTO	
STREET ADDRESS	20441 NW 44TH COURT	
CITY-ST-ZIP	CAROL CITY FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SOTOLONGO, JAVIER	
1.3 STREET ADDRESS	7075 NW 186 St #C302	
1.4 CITY-ST-ZIP	MIAMI, FL. 33015	
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	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BORYS, RUBEN M.D.	
5.3 STREET ADDRESS	736 East 19 Street	
5.4 CITY-ST-ZIP	HIALEAH, FL. 33013	
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: *Javier Sotolongo* PD 3-31-97

CR2E037 (9/96)