

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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 33013-2343

3. Date Incorporated or Qualified
02/20/1981

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

4. FEI Number
59-2346439

Applied For
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

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 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 ☐ DELETE

NAME SOTOLONGO, JAVIER
STREET ADDRESS 316 W 47 ST
CITY- ST- ZIP HIALEAH FL

TITLE SD ☐ DELETE

NAME GONZALEZ, MAGALY
STREET ADDRESS 20441 NW 44TH COURT
CITY- ST- ZIP CAROL CITY FL

TITLE TD ☐ DELETE

NAME USED A JOSE
STREET ADDRESS 7011 WEST 29 AVE #114
CITY- ST- ZIP HIALEAH FL

TITLE D ☐ DELETE

NAME GONZALEZ, JOEL
STREET ADDRESS 701 EAST 21 STREET
CITY- ST- ZIP HIALEAH FL

TITLE D ☐ DELETE

NAME BORYS, RUBEN M.D.
STREET ADDRESS 237 SW 77TH AVENUE
CITY- ST- ZIP MIAMI FL

TITLE D ☐ 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 ☒ Change ☐ 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 ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

5.1 TITLE D ☒ Change ☐ 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 ☐ Change ☐ 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

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Pa Apr 08 1997 8:00am
Secretary of State



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