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NONPROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 756458

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



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

02/20/1981

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
 59-2346439

Applied For
 Not Applicable

22 City & State

27 City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 Zip

Country

28 Zip

Country

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

24

25

29

30

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 DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition

TITLE PD
 NAME SOTOLONGO, JAVIER
 STREET ADDRESS 9999 NW 129 TERR
 CITY-ST-ZIP HIALEAH GARDENS FL 33018

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

TITLE TD
 NAME USEDA JOSE
 STREET ADDRESS 7011 WEST 29 AVE #114
 CITY-ST-ZIP HIALEAH FL

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE D
 NAME BORYS, RUBEN MD
 STREET ADDRESS 736 E 19 ST
 CITY-ST-ZIP HIALEAH FL

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

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

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 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:

[Handwritten Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-99 305-696-1243
 Date Daytime Phone #

CR2E037 (11/98)