

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

1995 APR 27 PM 4 12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-05/03/95--01023--012
***138.75 ***138.75
DO NOT WRITE IN THIS SPACE

DOCUMENT # **768592** (8)
1. Corporation Name
IGLESIA MONTE SINAI, INC.

Principal Place of Business Mailing Address
**2615 NW 20TH ST.
MIAMI FL 33142
US** **2615 NW 20TH ST.
MIAMI FL 33142
US**

3. Date incorporated or Qualified **05/23/1983** 3a. Date of Last Report **08/04/1994**
4. FEI Number **59-2547242** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 Suits, Apt. #, etc. **26 9820 W Fern Lane**
22 City & State **27 Miramar FL**
23 Zip **28 33025** Country **29 Florida**
24 Country **25** **30**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**DEL PRADO, HECTOR L
9798 FOUNTAINBLEAU BLD.
ITE 403-L
MI FL 33172**

10. Name and Address of New Registered Agent
81 Name **JOSE CRESPO**
82 Street Address (P.O. Box Number is Not Acceptable) **9820 W FERN LANE**
83
84 City **MIRAMAR** FL 85 Zip Code **33025**

I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE Jose Crespo JOSE CRESPO 4/12/95
Signature typed or printed name of registered agent and used by applicant. (NOTE: Registered Agent signature required when reappointing.) DATE

12. OFFICERS AND DIRECTORS	
TITLE	PTD
NAME	DEL PRADO, HECTOR L
STREET ADDRESS	9688 FOUNTAINBLEAU BLVD.
CITY - ST - ZIP	MIAMI FL
TITLE	VTD
NAME	BLANCO, OSMAR
STREET ADDRESS	4100 W. 11TH LANE
CITY - ST - ZIP	HIALEAH FL
TITLE	STD
NAME	CRESPO, SILVIA
STREET ADDRESS	9820 FERN LANE
CITY - ST - ZIP	MIRAMAR FL
TITLE	TD
NAME	CRESPO, JOSE
STREET ADDRESS	9820 FERN LANE
CITY - ST - ZIP	MIRAMAR FL
TITLE	TD
NAME	AGUILERA, SHEILA
STREET ADDRESS	2731 SW 28TH CT.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	PTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	JOSE CRESPO
13 STREET ADDRESS	9820 W Fern Lane
14 CITY - ST - ZIP	MIRAMAR FL 33025
21 TITLE	VTD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	SILVIA CRESPO
23 STREET ADDRESS	9820 W Fern Lane
24 CITY - ST - ZIP	MIRAMAR, FL 33025
31 TITLE	STD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SHEILA AGUILERA
33 STREET ADDRESS	2731 SW 28th Ct
34 CITY - ST - ZIP	MIAMI, FL 331
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(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: Jose Crespo JOSE CRESPO 4/12/95 8333074
Signature typed or printed name of signing officer or director. (Date) (My/Her/His/Its)