

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36777 (3)
 1. Corporation Name
IGLESIA CRISTIANA AMOR, INC.



Principal Place of Business 10855 SW 26 ST MIAMI FL 33165 US	Mailing Address 10855 SW 26TH ST MIAMI FL 33165 US
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3. Date Incorporated or Qualified 02/26/1990	
4. FEI Number 65-0176037	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent
**EARNEST, JAMES H.
 2625 PONCE DE LEON BLVD.
 CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent
81 Name PEDRO A. MARTINEZ
82 Street Address (P.O. Box Number is Not Acceptable) 1241 SW 143 AVENUE
83
84 City Miami FL 85 Zip Code 33184

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 617.0502, Florida Statutes.
 SIGNATURE **PEDRO A. MARTINEZ** *Pedro A. Martinez* DATE **4/28/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	<input type="checkbox"/> DELETE	1.1 TITLE MARTINEZ, PEDRO A.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARTINEZ, PEDRO A.		1.2 NAME	
STREET ADDRESS 1241 SW 143RD AVE.		1.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP Miami, FL 33184	
TITLE VD	<input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PRAT, OSCAR		2.2 NAME ALAM, MARIA H.	
STREET ADDRESS 1240 SW 142ND AVENUE		2.3 STREET ADDRESS 4751 SW 127 CT.	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP Miami, FL 33175	
TITLE SD	<input checked="" type="checkbox"/> DELETE	3.1 TITLE TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME ALAM, MARIA H		3.2 NAME GRAFFE, ALBERTO	
STREET ADDRESS 4751 SW 127 CT.		3.3 STREET ADDRESS 11027 SW 88 ST. #0-203	
CITY-ST-ZIP MIAMI FL 33175		3.4 CITY-ST-ZIP Miami, FL 33176	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME ORDOÑEZ, EDGAR R.	
STREET ADDRESS		4.3 STREET ADDRESS 11025 SW 25 ST.	
CITY-ST-ZIP		4.4 CITY-ST-ZIP Miami, FL 33165	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **PEDRO A. MARTINEZ** *Pedro A. Martinez* 4/28/98 305-220-2467

CR2E037 (10/97)