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**FILED**  
**Feb 21, 1999 8:00 am**  
**Secretary of State**

02-21-1999 90051 045 \*\*\*\*70.00

0033392

NONPROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # N36777**

1. Corporation Name  
**IGLESIA CRISTIANA AMOR, INC.**

90787 - 90051 - 45

Principal Place of Business

10855 SW 26 ST  
 MIAMI FL 33165  
 US

Mailing Address

10855 SW 26TH ST  
 MIAMI FL 33165  
 US



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified  
**02/26/1990**

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number  
**65-0176037**

Applied For  
 Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

24 Zip 25 Country

28 Zip 29 Country

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARTINEZ, PEDRO A**  
**1241 SW 143 AVENUE**  
**MIAMI FL 33184**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  DELETE  
 NAME **MARTINEZ, PEDRO A.**  
 STREET ADDRESS **1241 SW 143RD AVE.**  
 CITY-ST-ZIP **MIAMI FL 33184**

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

TITLE **VD**  DELETE  
 NAME **ALAM, MARIA H**  
 STREET ADDRESS **4751 SW 127 CT**  
 CITY-ST-ZIP **MIAMI FL 33178**

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

TITLE **TD**  DELETE  
 NAME **GRAFFE, ALBERTO**  
 STREET ADDRESS **11027 SW 88 ST #0-203**  
 CITY-ST-ZIP **MIAMI FL 33176**

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

TITLE **SD**  DELETE  
 NAME **ORDONEZ, EDGAR R**  
 STREET ADDRESS **11025 SW 25 ST**  
 CITY-ST-ZIP **MIAMI FL 33165**

4.1 TITLE  Change  Addition  
 4.2 NAME **JOSE MANUEL MATO**  
 4.3 STREET ADDRESS **4140 SW 113 AVE.**  
 4.4 CITY-ST-ZIP **MIAMI FL 33165**

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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: *Pedro A. Martinez* **RE: PEDRO A. MARTINEZ** 1/7/99 (305) 220-3467

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)