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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.

Principal Place of Business

10885 SW 26 ST
MIAMI FL 33185
US

Mailing Address

10885 SW 26TH ST
MIAMI FL 33185
US

00014742



| | | | | | |
|--------------------------------|-----|---------------------|---------|---|---------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 02/26/1990 | |
| Subs. Apt. #, etc. | | Subs. Apt. #, etc. | | 4. FEI Number | |
| 22 | | 27 | | 05-0176037 | |
| City & State | | City & State | | 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23 | | 28 | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 24 | Zip | 29 | Country | 30 | Country |

| | | | | | | | |
|---|----|--|--|--|--|--|--|
| 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 | | |
| 85 | FL | | | 86 | Zip Code | | |

11. Pursuant to the provisions of Sections 617.0802 and 617.1506, 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 617.0803, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and file if applicable) (NOTE: Registered Agent signature required when resigning) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|------------------|
| TITLE | PD MARTINEZ, PEDRO A. 1241 SW 143RD AVE. MIAMI FL 33184 | 1.1 TITLE | |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VD ALAM, MARIA H 4751 SW 127 CT MIAMI FL 33178 | 2.1 TITLE | |
| NAME | | 2.2 NAME | |
| STREET ADDRESS | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| TITLE | TD GRAFFE, ALBERTO 11027 SW 86 ST #0-203 MIAMI FL 33178 | 3.1 TITLE | |
| NAME | | 3.2 NAME | |
| STREET ADDRESS | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | SD ORDONEZ, EDGAR R 11025 SW 25 ST MIAMI FL 33185 | 4.1 TITLE | SD |
| NAME | | 4.2 NAME | JOSE MANUEL MATO |
| STREET ADDRESS | | 4.3 STREET ADDRESS | 4140 SW 113 AVE. |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | MIAMI FL 33165 |
| TITLE | | 5.1 TITLE | |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | |
| 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, with all other like empowered.

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