

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$305)**

NONPROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 8:25

DOCUMENT # N49151 (6)

1. Corporation Name
IGLESIA FUNDAMENTAL BAUTISTA, INC. OF MIAMI, FLO RIDA

Principal Place of Business	Mailing Address
C/O MOISES S. ROSARIO 2595 W. 76TH ST. HIALEAH FL 33016 US	C/O MOISES S. ROSARIO 2595 W. 76TH ST. HIALEAH FL 33016 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 2580 W. 2nd AVE	26 2580 W. 2nd AVE.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State Hialeah FLORIDA	28 City & State HIALEAH FLORIDA
24 Zip 33010	25 Country USA.
29 Zip 33010	30 Country USA

3. Date Incorporated or Qualified 06/01/1992	3a. Date of Last Report 04/27/1994
4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	FILING FEE IS \$61.25
8. This corporation has liability for intangible tax under s. 199.036, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
**ROSARIO, MOISES S.
2154 W. 60TH ST.
APT. 12202
HIALEAH FL 33016**

10. Name and Address of New Registered Agent

81 Name MOISES S. ROSARIO
82 Street Address (P.O. Box Number is Not Acceptable) 2154 W. 60th ST.
83 APT. 12202
84 City HIALEAH
85 Zip Code FL 33016

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROSARIO, MOISES S
STREET ADDRESS	2154 W. 60TH ST., APT. 12202
CITY - ST - ZIP	HIALEAH FL
TITLE	VD
NAME	ROSARIO, RICARDO M
STREET ADDRESS	2154 W. 60TH ST, 12202
CITY - ST - ZIP	HIALEAH FL
TITLE	SD
NAME	BROCHERO, LUIS
STREET ADDRESS	6385 W. 24TH AVE #5
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	SD
33 STREET ADDRESS	EMILIA R. ROSARIO
34 CITY - ST - ZIP	2154 W. 60th ST. 12202 HIALEAH FL. 33016
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 in an attachment with an address.

SIGNATURE: Rev. Moises S. Rosario, Pastor P.D. Date: 6/14/95 305 826-8993
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CF2E037 (3/95)