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
95 MAY 19 AM 10:15
TALLAHASSEE, FLORIDA

DOCUMENT # **N93000003696 (2)**

1. Corporation Name

IGLESIA CRISTIANA JESUCRISTO ES EL SENOR, INC.

Principal Place of Business	Mailing Address
134 WILSHIRE BLVD CASSELBERRY FL 32707	P.O. BOX 161285 ALTAMONTE SPRINGS FL 32716

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/12/1993
3a. Date of Last Report: 12/05/1994
4. FEI Number: 59-3195995 — ☐ Applied For ☐ Not Applicable

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

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

PUIG, MIGUEL
1334 NIMROD LANE
ORLANDO FL 32839

10. Name and Address of New Registered Agent

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE ______ DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	PUIG, MIGUEL	1.2 NAME	
STREET ADDRESS	1334 NIMROD LANE	1.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32839	1.4 CITY, ST, ZIP	
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	ROJAS, EDUARDO A	2.2 NAME	
STREET ADDRESS	5278 AVENEDO DEL SOL	2.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32808	2.4 CITY, ST, ZIP	
TITLE	SD	3.1 TITLE	☐ Change ☐ Addition
NAME	CASIANO, NORMAN	3.2 NAME	
STREET ADDRESS	5918 BENT PINE, #113	3.3 STREET ADDRESS	
CITY, ST, ZIP	ORLANDO FL 32822	3.4 CITY, ST, ZIP	
TITLE	TD	4.1 TITLE	☐ Change ☐ Addition
NAME	SAAUEDRA, JESUS	4.2 NAME	
STREET ADDRESS	3651 GOLDENROD RD., #D-201	4.3 STREET ADDRESS	
CITY, ST, ZIP	WINTER PARK FL 32792	4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 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 119.07(1)(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: [signature] MIGUEL PUIG 5/12/95 (407) 438-9371
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — DAYTIME PHONE #

0031048