

FILE NOW: FILING FEE IS \$61.25

FILED

**May 27 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 # N97000003719 (8)
1. Corporation Name
IGLESIA JESUCRISTO VIENE PRONTO, INC.



Principal Place of Business 210 NE 38 STREET #15 FORT LAUDERDALE FL 33334	Mailing Address 210 NE 38 STREET #15 FORT LAUDERDALE FL 33334
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3. Date Incorporated or Qualified 06/27/1997	
4. FEI Number 65-0767262	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. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**RODRIGUEZ, ALBERTO J PASTOR
210 NE 38 STREET #15 FORT LAUDERDALE FL 33334**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, ABLERTO J	
STREET ADDRESS	210 NE 38 STREET, #215	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	V	<input type="checkbox"/> DELETE
NAME	RODRIGUEZ, MARGARITA	
STREET ADDRESS	210 NE 38 STREET, #215	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ALVAREX, LORENZA	
STREET ADDRESS	210 NE 38 STREET, #215	
CITY-ST-ZIP	FORT LAUDERDALE FL 33334	
TITLE	T	<input type="checkbox"/> DELETE
NAME	POSSE, ANA MARIA	
STREET ADDRESS	950 LAWERS CIRCLE	
CITY-ST-ZIP	DEL RAY BEACH FL 33044	
TITLE	S	<input type="checkbox"/> DELETE
NAME	GONZALEZ, NURIS	
STREET ADDRESS	7541 GRANDVIEW	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GONZALEZ, RADHAMES	
STREET ADDRESS	7541 GRANDVIEW	
CITY-ST-ZIP	MIRAMAR FL 33023	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

SIGNATURE _____ **01/5/98**

CR2E037 (1097)