


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 29, 1999 8:00 am
Secretary of State

03-29-1999 90039 028 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 770853					
1. Corporation Name IGLESIA PENTECOSTAL ESTRELLA DE JACOB INC.					
Principal Place of Business 10609 NW 7TH AVE. MIAMI FL 33150-1007 US			Mailing Address 1899 NW 93RD TERRACE MIAMI FL 33147-3149 US		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/20/1983	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0446076	
22		27		Applied For <input type="checkbox"/> Not Applicable	
23. City & State		28. City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	Zip	25	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
29	Zip	30	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ALVARADO, JUAN R. 1899 N.W. 93RD TERRACE MIAMI FL 33147				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	85	Zip Code

FL

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	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALVARADO, JUAN R.			1.2 NAME			
STREET ADDRESS	1899 N.W. 93RD TERRACE			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33147			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	ALVARADO, CONCEPCION			2.2 NAME			
STREET ADDRESS	1899 N.W. 93RD TERR			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	S	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	OQUENDO, MONICA			3.2 NAME			
STREET ADDRESS	2270 N.W. 93RD TERRACE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CABRERA, PASCUALA			4.2 NAME			
STREET ADDRESS	9145 N.W. 35TH AVE			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			4.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	FIGUEROA, JOSE L			5.2 NAME			
STREET ADDRESS	4220 S. 66TH STREET			5.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
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:

SIGNATURE REQUIRED

Juan R. Alvarado

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/26/99

Daytime Phone #

CR2E037 (4-1/98)