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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 33165
US

Mailing Address

10885 SW 26TH ST
MIAMI FL 33165
US

00014742



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		2a		02/26/1990	
Subs. Apt. #, etc.		Subs. Apt. #, etc.		4. FEI Number	
22		27		65-0176037	
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	
Zip		Country		29	
24		29		30	

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			
				FL 85 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 _____ (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 REBENED MARTINEZ 1/7/99 (305) 220-3467