SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sep 02 1998 8:00am' Sandra B. Mortham ANNUAL REPORT Secretary of State 1998 **DIVISION OF CORPORATIONS** Secretary of State DOCUMENT # 705795 (3) TAMIAMI METHODIST CHURCH, INC. Principal Place of Business Mailing Address 726 S.W. 14 AVE. 726 SW 14 AVE 3. Date Incorporated or Qualified MIAMI FL 33135 MIAMI FL 33135 06/24/1963 Шŝ 4. FEI Number Applied For 59-0714833 Not Applicable 2. Principal Place of Business 2a. Mailing Address [X] \$8.75 Additional 5. Certificate of Status Desired 26 Fee Required Sulte, Apt. #, etc. Sulte, Apt. #, etc. \$5.00 May Be 6. Election Campaign Financing 22 27 **Trust Fund Contribution** Added to Fees City & State City & State 7. Is this nonprofit corporation a homeowners association? 23 28 Yes Zip Country Zip Country 8. This corporation owes or has paid the current year Intengible 24 29 30 Personal Property Tax due June 30. ___ Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name AMARO, OVIDIO 82 Street Address (P.O. Box Number is Not Acceptable) 1635 S.W. 18TH STREET 83 MIAMI FL 33145 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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE 1.1 TITLE DELETE Change MARTINEZ, LILIAN NAME 1.2 NAME 950 S.W. 1ST STREET ADDRESS 1.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE 2.1 TITLE DELETE NAME BORREGO, ORESTE 2.2 NAME 726 SW 14TH AVENUE STREET ADDRESS 2.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE 3.1 TITLE DELETE Addition Change NAME AMARO, OVIDIO 3.2 NAME 1635 SW 18TH ST STREET ADDRESS 3.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE Change Addition NAME HERNANDEZ, LUCIA 4.2 NAME STREET ADDRESS 726 S.W. 14 AVE. 4.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE 51 TITLE DELETE Change Addition NAME BORREGO, ELSA 6.2 NAME 726 S.W. 14 AVE. STREET ADDRESS 5.3 STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DELETE Change Addition AMARO, BARBARA 6.2 NAME 1840 W. 44 PL APT 808 STREET ADDRESS 6.3 STREET ADDRESS HIALEAH FL 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.

SIGNATURE

BIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

July 13/98 305-856-8540