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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 PM 3:20

DOCUMENT # **709496** **(4)**

1. Corporation Name

PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P ENTECOSTAL ESMIRNA, INC.)

Principal Place of Business	Mailing Address
1231 N.W. 29 TERRACE MIAMI FL 33142-6626	1231 N.W. 29 TERRACE MIAMI FL 33142-6626

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1965
3a. Date of Last Report: 05/01/1994
4. FEI Number: NOT APPLICABLE — ☐ Applied For ☐ Not Applicable

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

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

PEDRO, GARCIA JR
1231 NW 29 TERR
MIAMI FL 33127

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
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	SD	1.1 TITLE	☐ Change ☐ Addition
NAME	MOJICA, CRUZ	1.2 NAME	
STREET ADDRESS	501 NW 30 ST / APT 7	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	ORROYO, EDWIN	2.2 NAME	
STREET ADDRESS	462 NW 111 TERR	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☒ Change ☐ Addition
NAME	SANTIAGO, DANIEL	3.2 NAME	D. Santiago Daniel
STREET ADDRESS	2456 LINCOLN ST / APT 2	3.3 STREET ADDRESS	6416 Custer St.
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	Hlwd. Fla 33024
TITLE	PD	4.1 TITLE	☐ Change ☐ Addition
NAME	GARCIA, PREDRO JR	4.2 NAME	
STREET ADDRESS	1231 NW 29 TERR	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	TD	5.1 TITLE	☐ Change ☐ Addition
NAME	JULIO, GUZMAN	5.2 NAME	
STREET ADDRESS	6416 SW 23 ST	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	
TITLE	SD	6.1 TITLE	☐ Change ☐ Addition
NAME	PALACIOS, MARIO	6.2 NAME	
STREET ADDRESS	12200 NW 15 AVE	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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(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 above, or on an attachment with all blanks.

SIGNATURE: Palacios Mario Palacios 3/26/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0941316