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May 13 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **709496** (4)

1. Corporation Name
PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P ENTECOSTAL ESMIRNA, INC.)



Principal Place of Business 1231 N.W. 29 TERRACE MIAMI FL 33142 US	Mailing Address 1231 N.W. 29 TERRACE MIAMI FL 33142-8626
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3. Date Incorporated or Qualified 08/24/1965	3a. Date of Last Report 04/18/1996
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2. Principal Place of Business 21 1500 N.W. 35 ST Suite, Apt. #, etc.	2a. Mailing Address 26 SAME Suite, Apt. #, etc.
22 City & State 23 MIAMI FLORIDA	27 City & State 28
24 Zip 33142	25 Country DADE

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PEDRO, GARCIA JR 1231 NW 29 TERR MIAMI FL 33127	
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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 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 SD	<input checked="" type="checkbox"/> DELETE
NAME MONICA CRUZ	
STREET ADDRESS 501 NW 89 ST / APT 7	
CITY-ST-ZIP MIAMI FL	
TITLE TREASURER	<input type="checkbox"/> DELETE
NAME ORROYO, EDWIN	
STREET ADDRESS 462 NW 111 TERR	
CITY-ST-ZIP MIAMI SHORES FL	
TITLE D	<input type="checkbox"/> DELETE
NAME SANTIAGO, DANIEL	
STREET ADDRESS 6416 CUSTER ST.	
CITY-ST-ZIP HOLLYWOOD FL	
TITLE PD	<input type="checkbox"/> DELETE
NAME GARCIA, PEDRO JR	
STREET ADDRESS 1231 NW 29 TERR	
CITY-ST-ZIP MIAMI FL	
TITLE T	<input type="checkbox"/> DELETE
NAME JULIO, GUZMAN	
STREET ADDRESS 8410 SW 23 ST	
CITY-ST-ZIP MIRAMAR FL	
TITLE SD	<input checked="" type="checkbox"/> DELETE
NAME PALACIOS, MARIO	
STREET ADDRESS 12200 NW 15 AVE	
CITY-ST-ZIP MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE SD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME FRANSISCO GARCIA	
1.3 STREET ADDRESS 2350 N.W. 173 ST #109	
1.4 CITY-ST-ZIP N. MIAMI BEACH FLA 33160	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	
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 VIC- PRES	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS 2305 S.W 61 AVE	
5.4 CITY-ST-ZIP MIRAMAR FLA 33023	
6.1 TITLE SECRETARY	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME ABRAHAM GARCIA	
6.3 STREET ADDRESS 300 N.W. 116 ST	
6.4 CITY-ST-ZIP MIAMI FLA 33168	

14. I do 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: Pedro Garcia Jr **PEDRO GARCIA JR** / 23/ 97 Date Daytime Phone # 0029883

CP2E037 (9/96)