


FILE NOW: FILING FEE IS \$61.25

FILED

May 13 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		 FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # 709496 (4)</b> 1. Corporation Name <b>PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P ENTECOSTAL ESMIRNA, INC.)</b>			
Principal Place of Business <b>1231 N.W. 29 TERRACE MIAMI FL 33142 US</b>		Mailing Address <b>1231 N.W. 29 TERRACE MIAMI FL 33142-8826</b>	
2. Principal Place of Business <b>21 1500 N.W. 35 ST</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23 MIAMI FLORIDA</b> Zip <b>24 33142</b> Country <b>25 DADE</b>		2a. Mailing Address <b>26 SAME</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country <b>30</b>	
3. Date Incorporated or Qualified <b>08/24/1965</b>		3a. Date of Last Report <b>04/18/1996</b>	
4. FEI Number <b>NOT APPLICABLE</b>		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
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 <b>PEDRO, GARCIA JR 1231 NW 29 TERR MIAMI FL 33127</b>		10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>85 Zip Code</b> <b>FL</b>	
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)			
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	8416 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		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
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: <u>Pedro Garcia Jr</u> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			



CR2E037 (9/96)

4/23/97

Daytime Phone # 0029883