

**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**May 06 1998 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # 709496 (4)**  
 1. Corporation Name  
**PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P ENTECOSTAL ESMIRNA, INC.)**

Principal Place of Business <b>1900 N.W. 35TH ST MIAMI FL 33142 US</b>	Mailing Address <b>1500 N.W. 35TH ST MIAMI FL 33142 US</b>
---	---

3. Date Incorporated or Qualified  
**08/24/1965**

4. FEI Number  
**NOT APPLICABLE** Applied For Not Applicable

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. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

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 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 \_\_\_\_\_ 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	<b>SD</b> <input type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FRANSISCO, GARCIA</b>	1.2 NAME
STREET ADDRESS	<b>2350 N.E. 173RD ST., #109</b>	1.3 STREET ADDRESS
CITY-ST-ZIP	<b>N. MIAMI BEACH FL</b>	1.4 CITY-ST-ZIP
TITLE	<b>T</b> <input type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ORROYO, EDWIN</b>	2.2 NAME
STREET ADDRESS	<b>482 NW 111 TERR</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI SHORES FL</b>	2.4 CITY-ST-ZIP
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SANTIAGO, DANIEL</b>	3.2 NAME
STREET ADDRESS	<b>6416 CUSTER ST.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>HOLLYWOOD FL</b>	3.4 CITY-ST-ZIP
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, PEDRO JR</b>	4.2 NAME
STREET ADDRESS	<b>1231 NW 29 TERR</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP
TITLE	<b>VP</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JULIO, GUZMAN</b>	5.2 NAME
STREET ADDRESS	<b>2305 S.W. 61ST AVE</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIRAMAR FL</b>	5.4 CITY-ST-ZIP
TITLE	<b>S</b> <input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GARCIA, ABRAHAM</b>	6.2 NAME
STREET ADDRESS	<b>300 N.W. 116TH ST</b>	6.3 STREET ADDRESS
CITY-ST-ZIP	<b>MIAMI FL</b>	6.4 CITY-ST-ZIP

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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:** *Pedro Garcia Jr* **PEDRO GARCIA JR** **4/25/98** **635-7922**

CP2E037 (10/97)