


**FILED**  
**Aug 03, 1999 8:00 am**  
**Secretary of State**

08-03-1999 90007 034 \*\*\*\*61.25

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # 709496</b>		
1. Corporation Name <b>PENTECOSTAL MOVEMENT ESMIRNA, INC. (MOVIMIENTO P ENTECOSTAL ESMIRNA, INC.)</b>		
Principal Place of Business	Mailing Address	
1500 N.W. 35TH ST MIAMI FL 33142 US	1500 N.W. 35TH ST MIAMI FL 33142 US	



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 <b>Same</b>	26 <b>Same</b>	<b>08/24/1965</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	<b>NOT APPLICABLE</b>
City & State	City & State	5. Certificate of Status Desired <input type="checkbox"/>
23	28	<b>\$8.75 Additional Fee Required</b>
Zip	Country	29
24	25	30
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent

PEDRO, GARCIA JR 1231 NW 29 TERR MIAMI FL 33127	81 Name	<b>SAME</b>
	82 Street Address (P.O. Box Number is Not Acceptable)	
	83	
	84 City	<b>FL</b> 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 reconstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FRANSISCO, GARCIA	1.2 NAME	
STREET ADDRESS	2350 N.E. 173RD ST., #109	1.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL	1.4 CITY-ST-ZIP	
TITLE	T <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ORROYO, EDWIN	2.2 NAME	<b>TREASURER</b>
STREET ADDRESS	462 NW 111 TERR	2.3 STREET ADDRESS	<b>JOSE D SANTIAGO</b>
CITY-ST-ZIP	MIAMI SHORES FL VOID	2.4 CITY-ST-ZIP	<b>6416 CUSTER ST Hollywood Fla 33024</b>
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SANTIAGO, DANIEL	3.2 NAME	
STREET ADDRESS	6416 CUSTER ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, PEDRO 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	VP <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JULIO, GUZMAN	5.2 NAME	
STREET ADDRESS	2305 S.W. 81ST AVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	5.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ABRAHAM	6.2 NAME	
STREET ADDRESS	300 N.W. 116TH ST	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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)(l), 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, with all other like empowered.

**SIGNATURE: PEDRO GARCIA**  
 \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/15/99 (303) 635-7922  
 Date Daytime Phone #

CR2E037 (5/99)