


FILE NOW: FILING FEE IS \$61.25

FILED

May 07 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 713885 1. Corporation Name IGLESIA EVANGELICA INTERNACIONAL SOLDADOS DE LA CRUZ DE CRISTO, INC.					
Principal Place of Business 626 NW 2nd Street Miami, Florida 33128		Mailing Address 626 NW 2nd Street Miami, FL 33128			
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 12/29/1967 3a. Date of Last Report 1/18/96 4. FEI Number 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 checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent Abdiel, Luis 641 W. Flagler Street Miami, Florida 33130			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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Almeida, Florentino		1.2 NAME		
STREET ADDRESS	636 NW 2 Street		1.3 STREET ADDRESS		
CITY- ST- ZIP	Miami, Florida		1.4 CITY- ST- ZIP		
TITLE	VD	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Hernandez, Heriberto		2.2 NAME		
STREET ADDRESS	1451 Edward L. Grant Hwy		2.3 STREET ADDRESS		
CITY- ST- ZIP	Bronx, NY		2.4 CITY- ST- ZIP		
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Fernandez, Eugenia		3.2 NAME		
STREET ADDRESS	636 M NW 2 Street		3.3 STREET ADDRESS		
CITY- ST- ZIP	Miami, Florida		3.4 CITY- ST- ZIP		
TITLE	VS	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Stone, Joyce Karen		4.2 NAME		
STREET ADDRESS	636 NW 2 Street		4.3 STREET ADDRESS		
CITY- ST- ZIP	Miami, Florida		4.4 CITY- ST- ZIP		
TITLE	TD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	Wingfield, Magdiel		5.2 NAME		
STREET ADDRESS	655 SW 1 Street		5.3 STREET ADDRESS		
CITY- ST- ZIP	Miami, Florida		5.4 CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY- ST- ZIP			6.4 CITY- ST- ZIP		
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 in character, or on an attachment with an address. SIGNATURE: (Signature) Florentino Almeida, Pres 4/25/97 325-9653 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

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