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NONPROFIT
 CORPORATION
 ANNUAL REPORT
2000



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 713885 (2)

IGLESIA EVANGELICA INTERNACIONAL SOLDADOS DE LA
 CRUZ DE CRISTO, INC.

Principal Place of Business Mailing Address
 626 NW 2nd Street 626 NW 2nd Street
 Miami, Florida 33128 Miami, FL 33128

3. Date Incorporated or Qualified 12/29/1967 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address 4. FEI Number Not Applicable Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State 6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Abdiel, Luis
 641 W. Flagler Street
 Miami, Florida 33130

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 agent 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	DELETE
NAME	Almeida, Florentino	
STREET ADDRESS	636 NW 2 Street	
CITY-ST-ZIP	Miami, Florida	
TITLE	VD	DELETE
NAME	Hernandez, Heriberto	
STREET ADDRESS	1451 Edward L. Grant Hwy	
CITY-ST-ZIP	Bronx, NY	
TITLE	S	DELETE
NAME	Fernandez, Eugenia	
STREET ADDRESS	636 M NW 2 Street	
CITY-ST-ZIP	Miami, Florida	
TITLE	VS	DELETE
NAME	Stone, Joyce Karen	
STREET ADDRESS	636 NW 2 Street	
CITY-ST-ZIP	Miami, Florida	
TITLE	ID	DELETE
NAME	Wingfield, Magdiel	
STREET ADDRESS	655 SW 1 Street	
CITY-ST-ZIP	Miami, Florida	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	Change Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	Change Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Change Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	Change Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	Change Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	Change Addition
6.2 NAME	
6.3 STREET ADDRESS	
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)(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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Florentino Almeida, Pres

4-26-00 (305) 325-9653

Date

Daytime Phone #

CR2E037 (9/96)