

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 17 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 731439 (6)

1. Corporation Name
EVANGELICAL SPANISH-AMERICAN CHURCH OF HIALEAH, INC.

Principal Place of Business 1325 W. 30 ST HIALEAH FL 33012-4853 US	Mailing Address 1325 W. 30TH ST HIALEAH FL 33012-4853 US
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3. Date incorporated or Qualified
12/03/1974

4. FEI Number
NOT APPLICABLE

Applied For
 Not Applicable

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

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

9. Name and Address of Current Registered Agent

VENTURA, ERLAN B
461 E 53RD ST
HIALEAH FL 33013

10. Name and Address of New Registered Agent

81 Name **Jorge Fernandez**

82 Street Address (P.O. Box Number is NOT acceptable)
8335 NW 178 ST

83

84 City **Hialeah** **FL** 85 Zip Code **33015**

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: *Jorge Fernandez* **7/10/98**
 Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	VENTURA, ERLAN B	
STREET ADDRESS	461 E. 53RD. ST.	
CITY-ST-ZIP	HIALEAH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	QUESADA, ARNALDO	
STREET ADDRESS	17400 NW 68 AVE APT 119	
CITY-ST-ZIP	MIAMI FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	FERNANDEZ, ISABEL	
STREET ADDRESS	8335 NW 178 ST	
CITY-ST-ZIP	PALM SPRINGS N FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Jorge Fernandez	
1.3 STREET ADDRESS	8335 NW 178 ST	
1.4 CITY-ST-ZIP	Hialeah FL 33015	
2.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Esel Armas	
2.3 STREET ADDRESS	1325 W 30 ST	
2.4 CITY-ST-ZIP	Hialeah FL 33012	
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)(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.

SIGNATURE: *Jorge Fernandez* **Jorge Fernandez** **7/10/98** **305-823-3519**
 Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)