FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL RÉPORT

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 **DOCUMENT # 732926**

DRIMERA ICI ESIA RALITISTA HISPANA INC

FILED Mar 11, 1999 8:00 am Secretary of State 03-11-1999 90089 012 ****61.25

FUINCU	A IGLESIA BAUTISTA HISTA	114A, 114O										
Principal Place	of Business	Mailing Address					•	1 .	-3			•
1790 NE 2ND CT. 1790 NE 2ND CT.							1 (18)() (8)		NA HAIR ANI 1			
MIAMI FL 33132 MIAMI FL 33132												
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Principal Place of Business 2a. Mailing Address							3. Date Incorporated or Qualifed					
21	26					05/29/1975						
Suite, Apt.	Suite, Apt. #, etc.	te, Apt. #, etc.				4. FEI Number 59-23700				<u> </u>	olied For	
22 27 City & State City & State							33 23 7 00	25/		·	\$8.75 A	Applicable
_	e	28				5. Certificate of	Status Desi	red 🔲		. Fee Re		
Zip Country		Zip Coun			intry		6. Election Car	npaign Finar	icing _	•	\$5.00	May Be
24	25	29	30				Trust Fund	Contribution			Added to	
	9. Name and Address of Curren	t Registered Agent				-	10. Name and	Address of I	New Regis	tered A	\gent	·
				81	Name					•	,	
SALCEDO, RUGERO				82	Street A	Address	(P.O. Box Num					
864 W 72			83				<u> </u>				 -	
HIALEAH FL 33014				03		• •		` .:			, . ,	
				84	City					FL	85 Zip C	ode
office or r	to the provisions of Sections 617.050 agistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was a tions of, Section 617.0503, Flo	uthorized rida Stati	i by utes	tne corpo	oration s	s board of direct	ors. I hereby	accept the	appoin	tment as reg	gistered
12.	Signature, typed or printed name of registered ager	nt and title if applicable. (NOTE:	Registered	Agen	it signature re	required wn	ADDITIONS/	CHANGES T			DIRECTO	RS IN 12
TITLE	T	DELETE	1,1 TI	TLE	1	· -					Change	☐ Addition
NAME	AGUILAR, MARTHA		1.2 N	ME.	i		r					
STREET ADDRESS	1790 NE COURT		1.3 \$1	REET	TADDRESS		•					., ., .,
CITY-ST-ZIP	MIAMI FL		1.4 CI	TY-S	T-ZIP .							
TITLE	S	DELETE	2.1 TI	TLE					~ <u></u> ~		☐ Change	Addition
NAME	SALCEDO, ZAIDA	•	22 N			1	مسر ا	,				` ~ ~
STREET ADDRESS	864 W 72 PL				TADORESS						· · :	
CITY-ST-ZIP TITLE	HIALEAH FL	☐ DELETE	3.1 TI		ST- ZIP	╁				· ·	Change	Addition
NAME	SALCEDO, RUGERO	<u></u>	3.2 N									
STREET ADDRESS	864 W 72ND PLACE		3.3 ST	TREET	T ADDRESS	ļ		•				
CITY-ST-ZIP	HIALEAH FL		3.4. C	ΠY-S	ST-ZIP		,	<u>.</u>			· · ·	· · ·
TITLE	D	☐ DELETE	4.1 TI	TLE							Change ·	☐ Addition
NAME	LIFRAIN SALCEDO		4. 2 N	AME	١.							
STREET ADDRESS	864 W 72 PL				TADDRESS							
CITY-\$T-ZIP	HIALFA FL 33014	☐ DELETE	4.4 CI		T-ZIP	ļ <u>.</u>					☐ Change	☐ Addition
TITLE	D CHETORAL		5.1 II				•	· :				
NAME STREET ADDRESS	SOLIS, CRISTOBAL 10 NE 181ST STREET				T ADDRESS		•	,	•			Ì
CITY-ST-ZIP	NORTH MIAMI FL		5.4 C	ITY-S	T-ZIP ,							
TITLE	D	☐ DELETE	6.1 T	TLE	1				-		Change	Addition
NAME	LIMA, ERWIN		6.2 N	AME	, .							
STREET ADDRESS					TADORESS		· _					٠
CITY-ST-7IP	NORTH MIAMI BCH FI		6.4 CI	TY-S	T-ZIP	1	• •			. •		,

14. 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 suppliemental 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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE: