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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ANNUAL REPORT
1995



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

DOCUMENT # **734166** (2)

1. Corporation Name

ASAMBLEA MISIONERA ELIM, INC.

Principal Place of Business

Mailing Address

ELIM MISSIONARY ASSEMBLY, INC.
2336 N.W. 1 STREET
MIAMI FL 33125

ELIM MISSIONARY ASSEMBLY, INC.
2336 N.W. 1 STREET
MIAMI FL 33125

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
10/22/1975

3a. Date of Last Report
06/21/1994

4. FEI Number
59-1717648

Applied For
Not Applicable

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status

\$68.75 Supplemental Fee Not Required

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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

25 Country

28 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, MIGUEL A.
2340 N.W. 1 STREET
MIAMI FL 33125

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 607.0502 and 607.1508, 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 607.0505, 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 **S**
NAME **GUTIERREZ, LIDIA M**
STREET ADDRESS **817 GRANADA GROVE CT**
CITY- ST- ZIP **CORAL GABLES, FL 00000**

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

TITLE **V**
NAME **GARCIA, ERNESTINA**
STREET ADDRESS **2340 N.W. 1 STREET**
CITY- ST- ZIP **MIAMI, FL 00000**

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

TITLE **T**
NAME **NOLLEDA, CONRAD**
STREET ADDRESS **5800 SW 90TH ST**
CITY- ST- ZIP **MIAMI, FL 00000**

3.1 TITLE Change Addition
3.2 NAME **MOLLEDA CONRAD**
3.3 STREET ADDRESS **5800 SW 90CT.**
3.4 CITY- ST- ZIP **MIAMI, FLA. 33173**

TITLE **P**
NAME **GARCIA, MIGUEL A**
STREET ADDRESS **2340 N.W. 1 STREET**
CITY- ST- ZIP **MIAMI, FL 00000**

4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP

TITLE **D**
NAME **RIVERA, EDWIN**
STREET ADDRESS **10800 SW 63RD ST.**
CITY- ST- ZIP **MIAMI FL**

5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

TITLE **D**
NAME **FLEITAS, GLORIA**
STREET ADDRESS **230 TAMiami CANAL RD.**
CITY- ST- ZIP **MIAMI FL**

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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *Miguel Garcia* President

3/12/95

(305) 541-3799

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Type in Year)