

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **734166** (2)
1. Corporation Name
ASAMBLEA MISIONERA ELIM, INC.



Principal Place of Business: **ELIM MISSIONARY ASSEMBLY, INC. 2336 N.W. 1 STREET MIAMI FL 33125**
Mailing Address: **ELIM MISSIONARY ASSEMBLY, INC. 2336 N.W. 1 STREET MIAMI FL 33125**

3. Date Incorporated or Qualified: **10/22/1975**
3a. Date of Last Report: **04/21/1995**
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**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**GARCIA, MIGUEL A.
2340 N.W. 1 STREET
MIAMI FL 33125**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	S	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, LIDIA M	
STREET ADDRESS	817 GRANADA GROVE CT	
CITY - ST - ZIP	CORAL GABLES, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	GARCIA, ERNESTINA	
STREET ADDRESS	2340 N.W. 1 STREET	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	T	<input type="checkbox"/> DELETE
NAME	MOLLEDA, CONRAD	
STREET ADDRESS	5800 SW 90TH ST.	
CITY - ST - ZIP	MIAMI, FL 00000 33173	
TITLE	P	<input type="checkbox"/> DELETE
NAME	GARCIA, MIGUEL A	
STREET ADDRESS	2340 N.W. 1 STREET	
CITY - ST - ZIP	MIAMI, FL 00000	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RIVERA, EDWIN	
STREET ADDRESS	10800 SW 63RD ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FLEITAS, GLORIA	
STREET ADDRESS	230 TAMiami CANAL RD.	
CITY - ST - ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	S	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	RODRIGUEZ, TEODORO E.	
1.3 STREET ADDRESS	7260 SW 138 Court	
1.4 CITY - ST - ZIP	Miami, FL 33183	
2.1 TITLE	V	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MIGLIO, TERESITA	
2.3 STREET ADDRESS	310 SW 67 Court	
2.4 CITY - ST - ZIP	Miami, FL 33144	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 A. Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: _____ Daytime Phone #: _____

CR2E037 (12/95)