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Feb 18 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

2. Principal Place of Business 2a. Mailing Address
21 11989 SW 56 ST 26 11989 SW 56 ST
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State 28 MIAMI FLORIDA
23 MIAMI FLORIDA
Zip Country 29 33175 30 DADE

3. Date Incorporated or Qualified 10/22/1975 3a. Date of Last Report 04/22/1996
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

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 GARCIA, MIGUEL A.
82 Street Address (P.O. Box Number Is Not Acceptable)
83 13334 SW 46 TR
84 City MIAMI FL 85 Zip Code 33175

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 *Miguel A. Garcia* MIGUEL A. GARCIA PRESIDENT 2/10/97
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE

12. OFFICERS AND DIRECTORS

TITLE	S	<input checked="" 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 TAMAMI 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 checked="" type="checkbox"/> Addition
1.2 NAME	TEODORO E. RODRIGUEZ	
1.3 STREET ADDRESS	7260 SW 138 CT	
1.4 CITY - ST - ZIP	MIAMI FL 33183	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	TERESITA MIGLIO	
2.3 STREET ADDRESS	310 SW 67 CT	
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 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, unchanged, or on an attachment with an address.

SIGNATURE: *Teodoro E. Rodriguez* TEODORO E. RODRIGUEZ (SECRETARY) 2/10/97 305-888-1166
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0028255

CR2E037 (9/96)