## FILE NOW: FILING FEE IS \$61.25

**NONPROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # 734166 (2)

## ASAMBLEA MISIONERA ELIM, INC.

Principal Place	e of Business	Mailing Address	1,	1 (8 A) (1 A) A B B A A (1) A D A B A A (1) A B A A (1) A B A A (1) A B A B A B A (1) A B A B A B A (1) A B A B A B A (1) A B A B A B A (1) A B A B A B A B A B A B A B A B A B A	IN BUIL BIBLI MEDIL MIDIL BIBLI BIBLI MEDEL 1001
ELIM MISSIONARY ASSEMBLY, INC. 2336 N.W. 1 STREET MIAMLEL 33125 -		ELIM MISSIONARY ASSEMBLY. INC. 2336 N.W. 1 STREET MAMI FL 00125 5204			
				3. Date Incorporated or Qualified 10/22/1975	3a. Date of Last Report 04/22/1996
- ' -	lace of Business らい <i>ら</i> 6 <i>5</i> 7	2a. Mailing Address 26 11989 SW	56 ST	4. FEI Number 59-1717648	Applied For Not Applicable
Suite, Apt		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
City & State		27	····-		- Fee Required
City & State		City & State  28 MIAMI F	-LORIDA	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24 331	75 25 DADE	Zip 29 33175 30	Country DADE	This corporation has liability for Florida Statutes	or intangible tax under s. 199.032,
	9. Name and Address of Current			10. Name and Address of New	
			81 Name	GARCIA, MIC	115E/ A .
GARCIA, MIGUEL A.			B2 Street Address (P.O. Box Number is Not Acceptable)		
2340 N.W. 1 STREET . MIAMI FL 33125			13334 SW 46 TR		
1412 4771 1 6			84 City		FL 85 Zip Code 33/75
11. Pursuant t	to the provisions of Sections 617 0502	and 617 1508 Florida Statutes	the above-named	MIAM I	
office or re	egistered agent, or both, in the State of manifer with, and accept the obtigat	of Florida. Such change was auth	orized by the corp	corporation submits this statement for the oration's board of directors. I hereby acc	cept the appointment as registered
SIGNATURE	New Menul	~ 4.4	GUEL A	GARCIA PRESIDENT	alinlar
	Signature, typed or printed name of registered agent	and title if applicable. (NOYE: Re	egistered Agent alignature	required when reinstating)	DATE
12.	OFFICERS AND		13.		FICERS AND DIRECTORS IN 12
TITLE	\$	DELETE	1.1 TITLE	5	Change Addition
NAME	GUTIERREZ, DIDIÁ M	••	1.2 NAME	TEODORO E. RO	DORIGUEZ
STREET ADDRESS	817 GRANADA GROVE CT		1.3 STREET ADDRESS	7260 500 131	BCT
CITY-ST-ZIP	CORAL GABLES, FL-00006		1.4 CITY - ST - 2IP	MIAMI FL 3	3183
TITLE	V	☐ DELETE	2.1 TITLE	Ð	Change 🔀 Addition
NAME	GARCIA, ERNESTINA		22 NAME	TERESITA MIC	4110
STREET ADDRESS	2340 N.W. 1 STREET		2.3 STREET ADDRESS	310 SW 67 CT	
CITY-ST-ZIP	MIAMI, FL 00000		2.4 CITY-ST-ZIP	MIAMI FL 33	144
TITLE	T	☐ DELETE	3.1 TITLE		Change Addition
NAME	MOLLEDA, CONRAD		3.2 NAME		
STREET ADDRESS	5800 SW 90TH ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000 33173		3.4. CITY-SY-ZIP		
FITLE	P	DELETE	4.1 TITLE		Change Addition
NAME	GARCIA, MIGUEL A		4. 2 NAME		
STREET ADDRESS	2340 N.W. 1 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI, FL 00000		4.4 CITY-ST-ZIP		
TITLE	D	DELETE	5.1 TITLE		Change Addition
NAME	RIVERA, EDWIN		52 NAME		
STREET ADDRESS	10800 SW 63RD ST.		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		5 4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	6.1 TITLE		Change Addition
NAME	FLEITAS, GLORIA		6.2 NAME		
STREET ADDRESS	230 TAMIAMI CANAL RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		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

TURE AND TYPED OR OFFICER OF DIRECTOR DESCRIPTION DATE PROPERTY DESCRIPTION DE

**FILED** 

Feb 18 1997 8:00am

Secretary of State