

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Sep 02 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 734533 (3)

1. Corporation Name
IGLESIA BAUTISTA JERUSALEM, INC.



Principal Place of Business 2495 NW 23RD ST. MIAMI FL 33142	Mailing Address 2495 NW 23RD ST. MIAMI FL 33142
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

3. Date Incorporated or Qualified 12/14/1982	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2675589	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

g. Name and Address of Current Registered Agent

CASTILLO, MISAEL, REV.
 2495 NW 23RD ST
 MIAMI FL 33142-4272

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

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	PD	<input type="checkbox"/> DELETE
NAME	CASTILLO, MISAEL, REV.	
STREET ADDRESS	2495 NW 23RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	AGUILA, JOSE M.	<input checked="" type="checkbox"/>
STREET ADDRESS	2495 NW 23RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	SAIZ, NERY	
STREET ADDRESS	2495 N.W. 23 ST.	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PEREZ, FELIPE	<input checked="" type="checkbox"/>
STREET ADDRESS	2495 N.W. 23 ST	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MENDEZ, FRANCISCO R.	<input checked="" type="checkbox"/>
STREET ADDRESS	2495 NW 23RD ST	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MR. FELIPE PEREZ	
1.3 STREET ADDRESS	2495 N.W. 23 ST.	
1.4 CITY-ST-ZIP	MIAMI, FL. 33142	
2.1 TITLE	<input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MR. YUSBEL PEREZ	
2.3 STREET ADDRESS	2495 N.W. 23 ST.	
2.4 CITY-ST-ZIP	MIAMI, FL. 33142	
3.1 TITLE	<input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MR. JOSE MANUEL AGUILA	
3.3 STREET ADDRESS	2495 N.W. 23 ST.	
3.4 CITY-ST-ZIP	MIAMI, FL. 33142	
4.1 TITLE	<input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	MR. FRANCISCO MENDEZ	
4.3 STREET ADDRESS	2495 N.W. 23 ST.	
4.4 CITY-ST-ZIP	MIAMI, FL. 33142	
5.1 TITLE	<input checked="" type="checkbox"/> DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	MR. NOEL CABOVERDE	
5.3 STREET ADDRESS	2495 N.W. 23 ST.	
5.4 CITY-ST-ZIP	MIAMI, FL. 33142	
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 if changed, or on an attachment with an address.

SIGNATURE _____

CR2E037 (4/97)