

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 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 # 742709 (9)
1. Corporation Name
IGLESIA BAUTISTA LIBRE CEDROS DEL LIBANO DE MIAMI I, INC.



Principal Place of Business Mailing Address
498 SW 18TH ROAD MIAMI FL 33129 498 SW 18TH ROAD MIAMI FL 33129-1048

3. Date Incorporated or Qualified 05/05/1978 3a. Date of Last Report 01/24/1996

2. Principal Place of Business 2a. Mailing Address
21 809 East 23 Street 22 Suite, Apt. #, etc. 26 809 East 23 Street 27 Suite, Apt. #, etc.
23 Hialeah, FL 28 Hialeah, FL
24 33013 25 US 29 33013 30 US

4. FEI Number 59-1839113 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
MARTINEZ, CONRADO
498 S.W. 18 ROAD
MIAMI FL 33129

10. Name and Address of New Registered Agent
81 Name OTONIEL BERMUDEZ
82 Street Address (P.O. Box Number is Not Acceptable)
83 709 S. Royal Poinc. Blvd. #112
84 City Miami Springs FL 85 Zip Code 33166

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 of my family with, and accept the obligations of, Section 617.0503, Florida Statutes.
SIGNATURE: *Otoniel Bermudez* OTONIEL BERMUDEZ, PRESIDENT 1/6/97
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-----------------------|---------------------------------|
| TITLE | PD | <input type="checkbox"/> DELETE |
| NAME | MARTINEZ, CONRADO | |
| STREET ADDRESS | 498 S.W. 18 ROAD | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | RODRIGUEZ, JORGE | |
| STREET ADDRESS | 1715 SW 21 TERR | |
| CITY-ST-ZIP | MIAMI FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | GONZALEZ, PEDRO H | |
| STREET ADDRESS | 7950 NW 181 ST | |
| CITY-ST-ZIP | PALM SPRING NORTH FL | |
| TITLE | SD | <input type="checkbox"/> DELETE |
| NAME | MARTINEZ, MARIBEL | |
| STREET ADDRESS | 643 SE 5 PLACE | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | TD | <input type="checkbox"/> DELETE |
| NAME | LOPEZ, TEODORO | |
| STREET ADDRESS | 211 W 39 PLACE | |
| CITY-ST-ZIP | HIALEAH FL | |
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MASSON, ANTONIO | |
| STREET ADDRESS | 1167 N.W. 113 TERRACE | |
| CITY-ST-ZIP | MIAMI FL | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | |
|--------------------|--------------------------------|--|
| 1.1 TITLE | PD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | BERMUDEZ, OTONIEL | |
| 1.3 STREET ADDRESS | 709 S. Royal Poinc. Blvd. #112 | |
| 1.4 CITY-ST-ZIP | Miami Springs FL | |
| 2.1 TITLE | | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 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 | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | MARTINEZ, RUBEN | |
| 4.3 STREET ADDRESS | 643 SE 5 PLACE | |
| 4.4 CITY-ST-ZIP | HIALEAH FL | |
| 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, if changed, or on an attachment with an address.
SIGNATURE: *Otoniel Bermudez* OTONIEL BERMUDEZ, PRESIDENT (305) 835-6631 1/6/97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DATE Daytime Phone # 0028722

CR2E037 (9/96)