


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Jul 29 1998 8:00am⁸
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **744639** (6)
1. Corporation Name
IGLESIA PENTECOSTAL DEFENSORES DE LA FE, INC.



Principal Place of Business 1545 NE 128TH STREET N. MIAMI FL 33161	Mailing Address 1545 NE 128TH STREET N. MIAMI FL 33161
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3. Date Incorporated or Qualified 10/18/1978	
4. FEI Number 59-0658731	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <input type="checkbox"/> Suite, Apt. #, etc. 22 <input type="checkbox"/> City & State 23 <input type="checkbox"/> Zip 24 <input type="checkbox"/> Country	2a. Mailing Address 25 <input type="checkbox"/> Suite, Apt. #, etc. 26 <input type="checkbox"/> City & State 27 <input type="checkbox"/> Zip 28 <input type="checkbox"/> Country
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9. Name and Address of Current Registered Agent GILBERT ALVELO 12501 N.E. 13TH AVENUE NO. 319 NORTH MIAMI FL 33161
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10. Name and Address of New Registered Agent 81 Name Maribel Ruiz 82 Street Address (P.O. Box Number is Not Acceptable) 1525 NW 121 ST. 83 <input type="checkbox"/> City N. Miami FL 85 Zip Code 33167-2822
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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 Maribel Ruiz (Current) Maribel Ruiz 7-14-98
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	GILBERT ALVELO
STREET ADDRESS	12501 N.E. 13TH AVE., NO. 319
CITY-ST-ZIP	NORTH MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	PD FONTANEZ, ANDRES
STREET ADDRESS	1345N.W. 123 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	<input type="checkbox"/> DELETE
NAME	D MARTINEZ, ABIMAE
STREET ADDRESS	1631 N.W. 114TH STREET
CITY-ST-ZIP	MIAMI FL 33167
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	D RAFAEL IRIZARRY
STREET ADDRESS	14701 N.E. 6TH AVENUE LOT 334
CITY-ST-ZIP	NORTH MIAMI FL 33161
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	S WANDA ALVELO
STREET ADDRESS	12501 N.E. 13 AVE., NO. 319
CITY-ST-ZIP	NORTH 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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Maribel Ruiz
1.3 STREET ADDRESS	1525 NW 121 ST.
1.4 CITY-ST-ZIP	N. Miami, FL 33167-2822
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	<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 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: Maribel Ruiz 7-14-98 (305) 688-1147
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/98)