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Feb 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 745070 (3)

1. Corporation Name
BETHEL ASSEMBLY, INC.



Principal Place of Business 7636 NORTHWEST 186TH STREET P.O. BOX 1359 MIAMI FL 33015	Mailing Address 7636 NORTHWEST 186TH STREET P.O. BOX 1359 MIAMI FL 33015-2929
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3. Date Incorporated or Qualified 11/27/1978	3a. Date of Last Report 02/12/1996
4. FEI Number 59-1843522	Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LIVELY, DAVID R.
19644 BOB-O-LINK DR.
MIAMI FL 33015**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 **DAVID R Lively** (Signature, typed or printed name of registered agent and title, applicable)
 (NOT Registered Agent signature required when re-registering)
 DATE **1-5-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LIVELY, DAVID R	
STREET ADDRESS	19644 BOB-O-LINK DR.	
CITY-ST-ZIP	MIAMI FL	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	GONZALEZ, PATRICIA	
STREET ADDRESS	220 SOUTH ROYAL POINCIANA	
CITY-ST-ZIP	MIAMI SPRINGS FL 33168	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, ONI	
STREET ADDRESS	717 CURTISS PARKWAY, #6	
CITY-ST-ZIP	MIAMI SPRINGS FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MARTIN, GEORGE	
STREET ADDRESS	851 EAST 36TH STREET	
CITY-ST-ZIP	HIALEAH FL 33013	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MCLAREN, YVONNE	
STREET ADDRESS	19015 NW 54 PL	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ORTEGA, MANUEL	
STREET ADDRESS	12661 SW 20TH CT	
CITY-ST-ZIP	MIRAMAR FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	STD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	WALKER, GORDON	
1.3 STREET ADDRESS	5424 N.W 190 ST	
1.4 CITY-ST-ZIP	MIAMI, FL 33055	
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 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 **David R Lively** DATE **1-5-97** **305-829-0512**

CR2E037 (9/96)