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May 14 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 # **749963** (5)
1. Corporation Name
**IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI, FLORI
DA, INC."**

Principal Place of Business	Mailing Address
6375 W.FLAGLER ST. MIAMI FL 33144-3057	6375 W.FLAGLER ST. MIAMI FL 33144-3057



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/29/1979	3a. Date of Last Report 06/03/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1988049		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip		30 Country	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	

**GALLARDO, LENIER L
6375 W. FLAGLER ST.
MIAMI FL FL 33144**

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 _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TD	1.1 TITLE	
NAME	PACHECO, JOSE C.	1.2 NAME	
STREET ADDRESS	13554 S.W. 47 LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	1.4 CITY-ST-ZIP	
TITLE	PD	2.1 TITLE	
NAME	GALLARDO, LENIER L	2.2 NAME	
STREET ADDRESS	6375 W FLAGLER ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 00000	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	
NAME	PALOMINO, RENE	3.2 NAME	
STREET ADDRESS	7160 S.W. 64TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33143	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MELO, ANGELITA	4.2 NAME	
STREET ADDRESS	1550 WESTWARD DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL	4.4 CITY-ST-ZIP	
TITLE	S	5.1 TITLE	
NAME	GOLDEMBERG-HENZE, MONICA	5.2 NAME	
STREET ADDRESS	8275 N.W. 7 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: _____

Angelita Mauriz **ANGELITA MAURIZ** 4-30-97 305-2649059

CR2E037 (9/96)