

FILE NOW: FILING FEE IS \$61.25

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Jun 18 1998 8:00am
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 # 749963 (5)
1. Corporation Name
IGLESIA LUTERANA "PRINCIPE DE PAZ", MIAMI, FLORI
DA, INC."



Principal Place of Business 6375 W.FLAGLER ST. MIAMI FL 33144-3057	Mailing Address 6375 W.FLAGLER ST. MIAMI FL 33144-3057	3. Date Incorporated or Qualified 11/29/1979
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		4. FEI Number 59-1988049 Applied For Not Applicable
2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		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 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 type="checkbox"/> No

9. Name and Address of Current Registered Agent GALLARDO, LENIER L 6375 W. FLAGLER ST. MIAMI FL FL 33144	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
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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 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.) DATE	
12. OFFICERS AND DIRECTORS	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD PACHECO, JOSE C. 13554 S.W. 47 LANE MIAMI, FL 00000 <input checked="" type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD GALLARDO, LENIER L Rev. Dr. 6375 W FLAGLER ST MIAMI, FL 00000 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D PALOMINO, RENE 7160 S.W. 64TH ST. MIAMI FL 33143 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	T MELO, ANGELITA 1550 WESTWARD DRIVE MIAMI SPRINGS FL <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S GOLDEMBERG-HENZE, MONICA 8275 N.W. 7 ST. MIAMI FL 33126 <input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	B/M Ramos, Carlos Jr. 619 Jeronimo Dr. Coral Gables, Fla. 33146 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	B/M Gonzalez, Marlene 13530 S.W. 38 St. Miami, Fla. 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	B/M Casas, Yolanda 82 S.W. 132 Ct. Miami, Fla. 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	M/L & B/M Cortada, Jorge & Ana 2800 S.W. 98th. Ave. Miami, Fla. 33165 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	B/M Ramos, Eduardo 9510 S.W. 78 St. Miami, Fla. 33173 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	B/M Miranda-Pinto, Magaly 3830 S.W. 125th. Ave. Miami, FL. 33175 <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

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: *Ren Dr. Javier Gallardo* 4-30-98 305-264-9059

CR2E037 (10/97)