

3-27-95-6-244 -XNC
FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Sandra B. Northam
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

95 MAR 27 AM 11:00

DOCUMENT # **753539** (6)

1. Corporation Name
IGLESIA BAUTISTA RENACER, INC.

Principal Place of Business Mailing Address
 1101 SW 12TH AVE. 1101 SW 12TH AVE.
 MIAMI FL 33129 MIAMI FL 33129

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/31/1980** 3a. Date of Last Report **04/21/1994**
 4. FEI Number **59-2301508** Applied For
 Not Applicable

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

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
 6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
 7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
 8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
RAYVIS, MYRON J.
8821 S.W. 69TH COURT
MIAMI FL 33156

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS
 TITLE D
 NAME AVILA, HUMBERTO
 STREET ADDRESS 10260 N.W. 135 ST.
 CITY- ST- ZIP HIALEACH GARDENS FL
 TITLE SD
 NAME RODRIGUEZ, ROGELIA
 STREET ADDRESS 2986 S.W. 5TH STREET
 CITY- ST- ZIP MIAMI, FL 0
 TITLE TD
 NAME GONZALEZ, RAMON, JR.
 STREET ADDRESS 2765 W 81 PLACE #202
 CITY- ST- ZIP HIALEAH FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 11 TITLE Change Addition
 12 NAME
 13 STREET ADDRESS
 14 CITY- ST- ZIP
 21 TITLE Change Addition
 22 NAME
 23 STREET ADDRESS
 24 CITY- ST- ZIP
 31 TITLE Change Addition
 32 NAME
 33 STREET ADDRESS
 34 CITY- ST- ZIP
 41 TITLE Change Addition
 42 NAME
 43 STREET ADDRESS
 44 CITY- ST- ZIP
 51 TITLE Change Addition
 52 NAME
 53 STREET ADDRESS
 54 CITY- ST- ZIP
 61 TITLE Change Addition
 62 NAME
 63 STREET ADDRESS
 64 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 017, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Humberto Avila*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR