

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 22 AM 8:04

DOCUMENT # 764354 (7)

1. Corporation Name
BETESDA ASEMBLY OF GOD, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
3300 N.W. 135TH STREET OPA-LOCKA FL 33054 3300 N.W. 135TH STREET OPA-LOCKA FL 33054

3. Date Incorporated or Qualified 07/29/1982 3a. Date of Last Report 07/10/1994
4. FEI Number 59-2280575 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 28 Country
24 Zip 25 Country 29 Zip 30 Country

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
CABALLERO, VICTOR
6770 EVANS ST.
HOLLYWOOD FL 33024

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 607.1608, 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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS
TITLE P
NAME BELLO, JOSE
STREET ADDRESS 10212 NW 125 ST
CITY - ST - ZIP HIALEAH GARDEN FL
TITLE TR
NAME SOSA, GREGORIO
STREET ADDRESS 9545 NW 32 PL
CITY - ST - ZIP MIAMI FL
TITLE T
NAME ARCES, VICTOR
STREET ADDRESS 1095 W 72 ST #104
CITY - ST - ZIP HIALEAH FL
TITLE TR
NAME BOFFIL, ESMERALDINO
STREET ADDRESS 7801 WEST 29TH WAY
CITY - ST - ZIP HIALEAH FL
TITLE S
NAME COLLANTE, MERCEDES
STREET ADDRESS 956 CODADAD ST.
CITY - ST - ZIP OPA LOCKA FL 33054
TITLE V
NAME CABALLERO, VICTOR
STREET ADDRESS 6770 EVANS ST.
CITY - ST - ZIP HOLLYWOOD FL 33024

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP
2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP
3.1 TITLE Change Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP
4.1 TITLE Change Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP
5.1 TITLE Change Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP
6.1 TITLE Change 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Victor Caballero 6-18-95 (306) 966-7547
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
VICTOR CABALLERO VICE-PRESIDENT