

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 21 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # 765072 (4)

1. Corporation Name
IGLESIA PENTECOSTAL UNIDA LATINOAMERICANA INC.



Principal Place of Business 551 SW 27TH AVE FT. LAUDERDALE FL 33312	Mailing Address 551 SW 27TH AVE FT. LAUDERDALE FL 33312
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21		26 12990 SW 122 av		11/09/1982		08/08/1996	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number		Applied For	
23 City & State		28 Miami FL		65-0175332		Not Applicable	
24 Zip		25 Country		29 33186		30 DADE	
5. Certificate of Status Desired				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.			
TWO				<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No \$8.75 Additional Fee Required \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
DUARTE, ELISEO 11814 SW 99 ST. MIAMI FL 33186				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD DUARTE, ELISEO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, ELISEO	1.2 NAME	
STREET ADDRESS	11814 SW 99 ST.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	
TITLE	VD BURGNS, ADRIAN <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGNS, ADRIAN	2.2 NAME	
STREET ADDRESS	P.O. BOX 400 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	UNIONVILLE NY	2.4 CITY-ST-ZIP	
TITLE	SD GARCIA, ELIAS <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ELIAS	3.2 NAME	
STREET ADDRESS	25304 SW 128 AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PRINCENTON FL	3.4 CITY-ST-ZIP	
TITLE	TD CASTELLANOS, HERMAN <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANOS, HERMAN	4.2 NAME	
STREET ADDRESS	9922-67 RD.	4.3 STREET ADDRESS	
CITY-ST-ZIP	FOREST HILL NY 11375	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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. 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 _____

CR2E037 (4/97)