

FILE NOW: FILING FEE IS \$61.25

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Apr 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 765072

1. Corporation Name
IGLESIA PENTECOSTAL UNIDA LATINOAMERICANA INC.

Principal Place of Business 551 SW 27TH AVE FT. LAUDERDALE FL 33312	Mailing Address 12990 SW 122ND AVE MIAMI FL 33186 US
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21. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country	2a. Mailing Address 26. P.O. BOX 590158 Suite, Apt. #, etc. 27. City & State 28. Ft. Lauderdale, FL 29. Zip 33359 Country 30. US	3. Date Incorporated or Qualified 11/09/1982	4. FEI Number 65-0175332 Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
24. Zip Country	25. 29. Zip Country	26. P.O. BOX 590158	27. City & State	28. Ft. Lauderdale, FL	29. Zip Country

9. Name and Address of Current Registered Agent DUARTE, ELISEO 11814 SW 99 ST. MIAMI FL 33186	10. Name and Address of New Registered Agent 81. Name DUARTE, ELISEO 82. Street Address (P.O. Box Number is Not Acceptable) 14840 S.W. 104 St. #79 83. 84. City MIAMI FL 85. Zip Code 33196
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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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PRESIDENT (PD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DUARTE, ELISEO	1.2 NAME	BURGOS, ADRIAN
STREET ADDRESS	11814 SW 99 ST.	1.3 STREET ADDRESS	P.O. BOX 400 N/A
CITY-ST-ZIP	MIAMI FL 33186	1.4 CITY-ST-ZIP	UNIONVILLE, NY. 10988
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	VICE-PRESIDENT (VD) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BURGOS, ADRIAN	2.2 NAME	DUARTE, ELISEO
STREET ADDRESS	P.O. BOX 400 N/A	2.3 STREET ADDRESS	14840 S.W. 104 ST. #79
CITY-ST-ZIP	UNIONVILLE NY	2.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, ELIAS	3.2 NAME	TORRES, JOSE ALDEMAR
STREET ADDRESS	25304 SW 128 AVE.	3.3 STREET ADDRESS	3511 N.W. 35th WAY
CITY-ST-ZIP	PRINCENTON FL	3.4 CITY-ST-ZIP	Fort LAUDERDALE, FL 33309
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTELLANOS, HERMAN	4.2 NAME	CASTELLANOS, HERMAN
STREET ADDRESS	9922-67 RD.	4.3 STREET ADDRESS	93-01 95th St.
CITY-ST-ZIP	FOREST HILL NY 11375	4.4 CITY-ST-ZIP	WOODHAVEN, NY 11421
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 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, with a letter like empowered.

SIGNATURE: JOSE ALDEMAR TORRES Date: 4/21/99 Daytime Phone #: (954) 730-3372

CR2E037 (1/98)