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NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # 765791

1. Corporation Name

LA PUNTA SPANISH CONGREGATION OF JEHOVA'S WITNESSES OF MIAMI FLORIDA INC.

Principal Place of Business

C/O MIGUEL RAMIREZ
 601 SW 7 ST.
 MIAMI FL 33130

Mailing Address

C/O MIGUEL RAMIREZ
 601 SW 7 ST.
 MIAMI FL 33130



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

11/18/1982

4. FEI Number

59-2386314

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

Trust Fund Contribution

\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

ROHAN, LAURENCE J
 6101 SW 76TH ST
 SOUTH MIAMI FL 33143

10. Name and Address of New Registered Agent

81 Name LAURENCE J. ROHAN
 82 Street Address (P.O. Box Number is Not Acceptable) 4675 PONCE DE LEON BLVD
 83 #302
 84 City CORAL GABLES FL 85 Zip Code 33146

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

11/13/99

12. OFFICERS AND DIRECTORS

TITLE PD DELETE
 NAME RAMIREZ, MIGUEL
 STREET ADDRESS 601 SW 7TH STREET
 CITY-ST-ZIP MIAMI FL

TITLE TD DELETE
 NAME QUINTANA, LINO L.
 STREET ADDRESS 601 SW 7TH STREET
 CITY-ST-ZIP MIAMI FL

TITLE SD DELETE
 NAME QUINTANA, GUILLERMO
 STREET ADDRESS 601 SW 7 ST
 CITY-ST-ZIP MIAMI FL

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

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 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 all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

M. Ramirez 01/15/99 (305) 545-8529

Date

Daytime Phone #

CR2E037 (11/98)