

FILE NOW: FILING FEE IS \$61.25

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Apr 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N 04275

1. Corporation Name
IGLESIA METODISTA PENITECOSTAL DE CHILE EN LOS ESTADOS UNIDOS DE AMERICA, INC.

Principal Place of Business: **10500 S.W. 108th Ave B-207 Miami, FL 33176**
Mailing Address: **8716 S.W. 103rd Ave Miami, FL 33173**

2. Principal Place of Business: **10500 S.W. 108th Ave B-207 Miami, FL 33176 USA**
2a. Mailing Address: **8716 S.W. 103rd Ave Miami, FL 33173 USA**

3. Date Incorporated or Qualified: **7-18-84**
4. FEI Number: **59-2530722**
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. Is this nonprofit corporation a homeowners association? Yes No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
**ZUNIGA, RODRIGO
10500 S.W. 108th Ave B-207 Miami, FL 33176**

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): **8716 S.W. 103rd Ave**
83
84 City: **Miami FL** 85 Zip Code: **33173**

11. Pursuant to the provisions of Sections 617.0402 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 617.0403, Florida Statutes.

SIGNATURE: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	JAVIER VASQUEZ VALENCIA (REV)	
STREET ADDRESS	Bernal Del Mercado 139 Estacion Central	
CITY- ST- ZIP	Santiago, Chile SA	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ZUNIGA, RODRIGO (REV)	
STREET ADDRESS	10500 S.W. 108th Ave B-207	
CITY- ST- ZIP	Miami, FL 33176	
TITLE	SP	<input type="checkbox"/> DELETE
NAME	MEDINA, RAUL V. (REV)	
STREET ADDRESS	A Riveros 222 L20 Arenas	
CITY- ST- ZIP	Casilla 966, Concepcion, Chile	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ZUNIGA, ERASMO (HNO)	
STREET ADDRESS	10500 S.W. 108th Ave B-207	
CITY- ST- ZIP	Miami, FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, MANUEL (HNO)	
STREET ADDRESS	10500 S.W. 108th Ave B-207	
CITY- ST- ZIP	Miami, FL 33176	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARENCIBIA, LEONARDO (HNO)	
STREET ADDRESS	10500 S.W. 108th Ave B-207	
CITY- ST- ZIP	Miami, FL 33176	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY- ST- ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	8716 S.W. 103rd Ave
24 CITY- ST- ZIP	Miami, FL 33173
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	200002504752
34 CITY- ST- ZIP	-04/29/98--01021--013
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	8716 S.W. 103rd Ave
44 CITY- ST- ZIP	Miami, FL 33173
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	8716 S.W. 103rd Ave
54 CITY- ST- ZIP	Miami, FL 33173
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	8716 S.W. 103rd Ave
64 CITY- ST- ZIP	Miami, FL 33173

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 officer or director 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 in an attached block with an address.

SIGNATURE: *Rodrigo Zuniga* **Rodrigo Zuniga** *April 20/98* **(305) 273-8706**
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (10/97)