FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

(9)

DOCUMENT # N14273 (9) IGLESIA PENTECOSTAL LA SENDA ANTIGUA CORP.							
Principal Place of	of Business	Mailing Address				IN BIBLI BIBLI BIBN BIBN BI	(10 1 ALLIA BIRTH 100)
4341 NORTHWEST 167TH ST. 4341 NORTHWEST 167TH ST.							
CAROL CITY FL 33055-4310 CAROL CITY FL 33055-4310							
					 Date Incorporated or Qualified 04/09/1986 	3a. Date of La 05/01	
Principal Place of Business 2a. Mailing Address					4. FEI Number		Applied For
26					59-2668606		Not Applicable 75 Additional
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Pa Additional
27 27					6. Election Campaign Financing	\$5	.00 May Be
28 28					Trust Fund Contribution		ided to Fees
Zip	Country	Zip	Countr	/	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		
		29			Florida Statutes		
	9. Name and Address of Curre	nt negistered Agent	81	Name	10. Haile and Plantoc C. Hall H.		
0.000	ALMILA ANACI IINO				ddress (P.O. Box Number is Not Acceptable	(0)	
	QUILLO, ANGEL LUIS		82	Street A	CORESS (F.O. BOX NUMBER IS NOT ACCEPTED		
195 N.W. 72ND ST. Miami Fl 33150			83				
MINNI FL				City		85	Zip Code
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Florida Statutes, the				1 1		FL	·
or register familiar wit	ed agent, or both, in the State of Floth, and accept the obligations of, Sec Signature, typed or printed name of registered age	rida. Such change was authorize etion 617.0503, Florida Statutes	S. S.	porations	quired when reinstating!	DATE	
12.	OFFICERS AND DIRECTORS		13.				
TITLE	Р	☐ DELETE 1			Change Add		nge 🔲 Addition
NAME	CARRASQUILLO, ANGEL LUIS		1.2 NAMI				
STREET ADDRESS	195 N.W. 72 ST.			ET ADORESS			
CITY-ST-ZIP	MIAMI FL DELETE			1.4 CITY - ST - ZIP 2.1 TITLE		☐ Char	nge 🔲 Addition
TITLE			2 2 NAM				
NAME	Tamarit, David 8515 S.W. 47 Street			ET ADDRESS			
STREET ADDRESS	MIAMI FL			CITY - ST - ZIP			
CITY-ST-ZIP TITLE	T	DELETE	3 1 TITLE		60000184	473 <u>5</u> 8	nge Addition
NAME	NAVARRO, YADIRA	3		E	600001847356° OAddition -06/03/9601024005		
STREET ADDRESS	7192 W. 29 AVENUE			ET ADDRESS			
CITY-ST-ZIP	HIALEAH FL			-ST-ZIP	<u> </u>	X 1 Cha	nge Addition
TITLE	D	DELETE	4.1 TITU		TATTOR MANAGET	A Official	ING. LI VERTICAL
NAME	COPEZ NUAN		4. 2 NAM		LAURA TAMARIT 8515 S.W. 47st.		
STREET ADDRESS	840×NXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXXX			et address -st-zip	MIAMI, FL.		
CITY-ST-ZIP	MAMPE	DELETE	5.1 TiTL		D D	Cha	inge 🔲 Addition
TITLE NAME	DE TECHO		5.2 NAM		LEONEL ROQUE		
STREET ADDRESS		₩₩₩₩₩₩₩₩₩₩		EET ADDRESS	3520 N.W. 95st.		
CITY-ST-ZIP	CABOK CATY AXX		5.4 C/TY	- ST - ZIP	MIAMI, FL.		
TITLE	VP	DELETE	61 THTL	E	D	□X Cha	ange Addition
NAME	RIMERIA NAICHTOIRK	İ		4E	ANTONIA E., VEGA	, <	-1-96
STREET ADDRESS	and the same property of		6.3 STR	EET ADDRESS	440 E.23st. APT.1	4)	NER
CITY-ST-ZIP				-ST - ZIP	HIALEAH FL.	07/31/k) Florida 5	Statutes, I further
14. I do here	iby certify that the information supplied the information indicated on this are	ed with this filing is voluntarily fundal report or supplemental ar	rnished and d nnual report is	oes not qua true and a	alify for the exemption stated in Section 118 ocurate and that my signature shall have the	a same legal effect	as if made under

certify that the information indicated on this annual report or supplemental arinual report is true and accurate and that my signature small have the same legal effect as in made that 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: #