

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PM 4:22

DOCUMENT # **N15847** (9)

1. Corporation Name
IGLESIA CRISTO ROMPE LAS CADENAS DEL EVANGELIO COMPLETO, INC.

Principal Place of Business Mailing Address
3899 N.W. 7TH STREET SUITE 216 MIAMI FL 33126

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/09/1986	3a. Date of Last Report 02/01/1994
4. FEI Number 59-2693858	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 109.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent

ABDO, GEORGE B.
3899 N.W. 7TH ST STE 216
MIAMI FL 33126

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *George B. Abdo*

I, the above-named corporation submits this statement for the purpose of changing its registered office the corporation's board of directors. I hereby accept the appointment as registered agent. I am

1/19/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ABDO, GEORGE B.
STREET ADDRESS	9700 SW 104TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	SD
NAME	YAJAIRA, ABDO
STREET ADDRESS	9700 SW 104TH CT
CITY-ST-ZIP	MIAMI FL
TITLE	TD
NAME	DIAZ, GLADIS
STREET ADDRESS	225 NW 32ND CT
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	RODRIGUEZ, JOSE A
STREET ADDRESS	5255 NW 192 LANE
CITY-ST-ZIP	MIAMI FL
TITLE	VPD
NAME	MALDONADO, DOMINGO
STREET ADDRESS	988 W. 37TH TERR
CITY-ST-ZIP	HIALEAH FL
TITLE	VPD
NAME	CALVEIRO, JULIO
STREET ADDRESS	12418 N.E. 4 AVE
CITY-ST-ZIP	NORTH MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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 of the corporation; and that I am not a partner in the corporation; and that I am not a partner in the corporation; and that I am not a partner in the corporation; and that I am not a partner in the corporation.

I, the above-named corporation submits this statement for the purpose of changing its registered office the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE: *George B. Abdo* **GEORGE B. ABDO**
DIRECTOR

1/19/95 (305) 649-7444
Date Telephone Number