

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N15847 (9)**

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



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

3. Date Incorporated or Qualified: **07/09/1986**
3a. Date of Last Report: **01/27/1995**
4. FEI Number: **59-2693858**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21**
2a. Mailing Address: **26**
Suite, Apt. #, etc.: **22**
City & State: **23**
Zip: **24** Country: **25**
Zip: **29** Country: **30**

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
61 Name
62 Street Address (P.O. Box Number is Not Acceptable)
63
64 City **FL** **65** Zip Code

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	
TITLE	PD <input type="checkbox"/> DELETE
NAME	ABDO, GEORGI B.
STREET ADDRESS	9700 SW 104TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	YAJAIRA, ABDO
STREET ADDRESS	9700 SW 104TH CT
CITY-ST-ZIP	MIAMI FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	DIAZ, GLADIS
STREET ADDRESS	225 NW 32ND CT
CITY-ST-ZIP	MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	RODRIGUEZ, JOSE A
STREET ADDRESS	5255 NW 192 LANE
CITY-ST-ZIP	MIAMI FL
TITLE	VPD <input type="checkbox"/> DELETE
NAME	MALDONADO, DOMINGO
STREET ADDRESS	966 W. 37TH TERR
CITY-ST-ZIP	HIALEAH FL
TITLE	VPD <input type="checkbox"/> DELETE
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	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	ABDO, GEORGI B.
1.3 STREET ADDRESS	410 sw 136 PL
1.4 CITY-ST-ZIP	MIAMI, FL, 33184
2.1 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	YAJAIRA, ABDO
2.3 STREET ADDRESS	410 SW 136 PL.
2.4 CITY-ST-ZIP	MIAMI, FL, 33184
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	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	RODRIGUEZ, JOSE A
4.3 STREET ADDRESS	13218 NW 8 TERR.
4.4 CITY-ST-ZIP	MIAMI, FL, 33182
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	VPD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	CALVEIRO, JULIO
6.3 STREET ADDRESS	1221 SW 122 AVE. #412
6.4 CITY-ST-ZIP	MIAMI, FL, 33184

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)(k), 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.

SIGNATURE: Georgi B. Abdo President. 1/16/91 305-649-7444
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)