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May 05, 1999 8:00 am
Secretary of State

05-05-1999 90128 037 ****61.25

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N21912

1. Corporation Name
IGLESIA BAUTISTA FUNDAMENTAL HISPANA, INC.

Principal Place of Business 6950 ROYAL PALM BLVD. MARGATE FL 33063	Mailing Address 6950 ROYAL PALM BLVD. MARGATE FL 33063
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 08/06/1987
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0028991
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

VALDEZ, RENE
6382 NW 14 CT
MARGATE FL 33063

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DTP	<input type="checkbox"/> DELETE
NAME	VALDEZ, RENE	
STREET ADDRESS	6382 N.W. 14TH CT.	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ARNULFO, ALONZO	
STREET ADDRESS	732 SW 73 AVE.	
CITY-ST-ZIP	N. LAUDERDALE FL 33068	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NICOLAS, OSTAPCHUCK	
STREET ADDRESS	267 SUNSHINE DR.	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	GOGUE, WILFRIDO	
STREET ADDRESS	6150 SW 3RD ST.	
CITY-ST-ZIP	MARGATE FL 33068	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 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: *Rene Valdez* **REQUIRED** 4/27/99 957 846 8300
Signature and Typed or Printed Name of Signing Officer or Director Date Daytime Phone #

CR2E037 (11/98)