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Sep 23 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N23638** (2)

1. Corporation Name

**IGLESIA PENTECOSTAL ROCA DE SALVACION, INC.**



Principal Place of Business		Mailing Address	
% EDGARDO H. GARCIA 3050 N.W. 96TH STREET MIAMI FL 33147		% EDGARDO H. GARCIA 3050 N.W. 96TH STREET MIAMI FL 33147-2340	
2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip		Country	
24		29	
25		30	
3. Date Incorporated or Qualified		3a. Date of Last Report	
11/25/1987		08/14/1996	
4. FEI Number		Applied For	
65-0076817		Not Appl cable	
5. Certificate of Status Desired		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>	
6. Election Campaign Financing		\$5.00 May Be Added to Fees	
Trust Fund Contribution		<input type="checkbox"/>	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GARCIA, EDGARDO H.  
3050 N.W. 96TH STREET  
MIAMI FL 33147

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DT	1.1 TITLE	V/D
NAME	DAUTE, IGREGHETTI	1.2 NAME	GILBERTO MIRANDA
STREET ADDRESS	8440 SW 107 #104	1.3 STREET ADDRESS	880 E 5 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Hialeah FL 33010
TITLE	TSD	2.1 TITLE	D
NAME	MIRANDA, MARIA I.	2.2 NAME	AIMA GARCIA
STREET ADDRESS	880 EAST 5TH ST.	2.3 STREET ADDRESS	3050, NW 96 ST
CITY-ST-ZIP	HIALEAH FL	2.4 CITY-ST-ZIP	MIAMI FL 33147
TITLE	DT	3.1 TITLE	T
NAME	IGREGHETTI, DANTE	3.2 NAME	Juana GIRON
STREET ADDRESS	8440 S.W. 107 AVE. #104	3.3 STREET ADDRESS	17331 NW 53 AVE
CITY-ST-ZIP	MIAMI FL 33147	3.4 CITY-ST-ZIP	Carol City FL 33055
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: \_\_\_\_\_ DATE: 7.9.97

CR2E037 (9/96)