


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$81.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 20, 1999 8:00 am
Secretary of State

08-20-1999 90003 045 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N23638					
1. Corporation Name IGLESIA PENTECOSTAL ROCA DE SALVACION, INC.					
Principal Place of Business % EDGARDO H. GARCIA 3050 N.W. 96TH STREET MIAMI FL 33147			Mailing Address % EDGARDO H. GARCIA 3050 N.W. 96TH STREET MIAMI FL 33147		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		11/25/1987	
22 City & State		27 City & State		4. FEI Number 65-0076817	
23 Zip Country		28 Zip Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24		29		30	
9. Name and Address of Current Registered Agent GARCIA, EDGARDO H. 3050 N.W. 96TH STREET MIAMI FL 33147			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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE <input checked="" type="checkbox"/> DELETE			1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME GILBERTO, MIRANDA			1.2 NAME AIMA E. GARCIA		
STREET ADDRESS 880 E 5TH ST			1.3 STREET ADDRESS 3050 N.W. 96 ST		
CITY-ST-ZIP HIALEAH FL			1.4 CITY-ST-ZIP MIAMI FL 33147		
TITLE <input checked="" type="checkbox"/> DELETE			2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME MIRANDA, MARIA I.			2.2 NAME JUANA GIRON		
STREET ADDRESS 880 EAST 5TH ST.			2.3 STREET ADDRESS 17331 N.W. 53 AVE		
CITY-ST-ZIP HIALEAH FL			2.4 CITY-ST-ZIP CAROL CITY FL 33053		
TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME AIMA GARCIA			3.2 NAME		
STREET ADDRESS 3050 NW 96TH ST			3.3 STREET ADDRESS		
CITY-ST-ZIP MIAMI FL			3.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME JUANA GIRON			4.2 NAME		
STREET ADDRESS 17331 NW 53RD AVE			4.3 STREET ADDRESS		
CITY-ST-ZIP CAROL CITY FL			4.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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: *Edgardo H. Garcia*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8-16-99 305.694.1403
Date Daytime Phone #

CR2E037 (5/99)