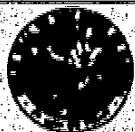


**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**CORPORATION  
ANNUAL REPORT  
1995**



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

**APPROVED  
AND  
FILED**

95 MAY -1 PM 12: 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # N24282 (8)**

1. Corporation Name

**IGLESIA BAUTISTA EMAUS, INC.**

Principal Place of Business

**7441 SW 127 AVENUE  
MIAMI FL 33183**

Mailing Address

**7441 SW 127 AVENUE  
MIAMI FL 33183**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/06/1988**

3a. Date of Last Report

**04/27/1994**

4. FEI Number

**65-0056226**

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional  
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be  
Added to Fees**

7. Nonprofit with IRS 601(c)(3)

☐

**\$68.75 Supplemental  
Fee Not Required**

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☐ 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

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**BAEZ ROGER E  
C/O DEVALDES & ASSOCIATES INC  
8404 SW 40 ST  
MIAMI FL 33155**

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                              |
|----------------|------------------------------|
| TITLE          | <b>SD</b>                    |
| NAME           | <b>GONZALEZ, MIRYAM</b>      |
| STREET ADDRESS | <b>19421 W ST ANDREWS DR</b> |
| CITY- ST- ZIP  | <b>MIAMI FL</b>              |
| TITLE          | <b>TD</b>                    |
| NAME           | <b>BAEZ, ROGER</b>           |
| STREET ADDRESS | <b>12262 SW 10TH LANE</b>    |
| CITY- ST- ZIP  | <b>MIAMI FL</b>              |
| TITLE          | <b>D</b>                     |
| NAME           | <b>VIDAURRE, DAMASO</b>      |
| STREET ADDRESS | <b>11342 SW 70TH TERRACE</b> |
| CITY- ST- ZIP  | <b>MIAMI FL</b>              |
| TITLE          | <b>D</b>                     |
| NAME           | <b>REYES, BALDOMERO</b>      |
| STREET ADDRESS | <b>11581 SW 5TH STREET</b>   |
| CITY- ST- ZIP  | <b>MIAMI FL</b>              |
| TITLE          | <b>D</b>                     |
| NAME           | <b>MONTANO, CONCEPCION</b>   |
| STREET ADDRESS | <b>3015 SW 102ND PLACE</b>   |
| CITY- ST- ZIP  | <b>MIAMI FL</b>              |
| TITLE          | <b>DP</b>                    |
| NAME           | <b>TAMAYO, JUAN-PABLO R</b>  |
| STREET ADDRESS | <b>7441 SW 127 AVE</b>       |
| CITY- ST- ZIP  | <b>MIAMI FL</b>              |

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 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)(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 this corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**ROGER E. BAEZ**

Daytime Phone #