FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # N26544 (9)

1. Corporation Name

MISIONES PENTECOSTALES LATINOAMERICANAS, INC.

Principal Place of Business	Mailing Address
C/O EMILIANO GONZALEZ 1732 NW 7 STREET MIAMI FL 33125	C/O EMILIANO GONZALEZ 1732 NW 7 STREET MIAMI FL 33125

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt #, etc 22	Suite, Apt #, etc 27
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 30

3. Date Incorporated or Qualified 05/23/1988	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0089439	☐ Applied For ☐ Not Applicable
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	

9. Name and Address of Current Registered Agent

GONZALEZ, EMILIANO
1732 NW 7 STREET
MIAMI FL 33125

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 their capacity (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS LIST		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, EMILIANO		1.2 NAME		
STREET ADDRESS	4320 NW 198 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	GONZALEZ, HIRALDINA		2.2 NAME		
STREET ADDRESS	4620 NW 198 TERRACE		2.3 STREET ADDRESS		
CITY-ST-ZIP	CAROL CITY FL		2.4 CITY-ST-ZIP		
TITLE	~~S~~	☒ DELETE	3.1 TITLE	Sec	☒ Change ☐ Addition
NAME	ULISES, PINEDA		3.2 NAME	Eduardo Ortiz	
STREET ADDRESS	1732 N.W. 7TH STREET		3.3 STREET ADDRESS	1732 NW 7st. Miami Fl.	
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	CEBALLOS, DEBORAH		4.2 NAME		
STREET ADDRESS	11940 SW 12 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	PEMBROKE PINES FL		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (12/95)

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: Emiliano Gonzalez 05-20-96 305-624-4236
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #