


**FILE NOW: FILING FEE IS \$61.25**

**FILED**

**Jan 27 1998 8:00am  
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N29666 (7)**  
1. Corporation Name  
**IGLESIA BAUTISTA REDENCION, INC.**



Principal Place of Business <b>5859 S.W. 16TH STREET MIAMI FL 33155-2104</b>	Mailing Address <b>5859 S.W. 16TH STREET MIAMI FL 33155-2104</b>
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3. Date Incorporated or Qualified <b>12/12/1988</b>		
4. FEI Number <b>65-0114902</b>	Applied For <input type="checkbox"/>	Not Applicable <input type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b>	Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b>	May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> 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	28. Zip
24. Country	29. Country
25. Country	30. Country

**9. Name and Address of Current Registered Agent**

**DIAZ, TOMAS REV.  
5122 S.W. 5TH TERRACE  
MIAMI FL 33134**

**10. Name and Address of New Registered Agent**

81. Name	
82. Street Address (P.O. Box Number Is Not Acceptable)	
83.	
84. City	<b>FL</b>
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**

TITLE	PD	<input type="checkbox"/> DELETE
NAME	DIAZ, TOMAS REV.	
STREET ADDRESS	5122 S.W. 5TH TERRACE	
CITY-ST-ZIP	MIAMI FL 33134	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	CONSUEGRA, HECTOR	
STREET ADDRESS	2525 S.W. 24TH COURT	
CITY-ST-ZIP	MIAMI FL 33145	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	SABINA, OSVALDO	
STREET ADDRESS	10200 S.W. 19TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VT	<input checked="" type="checkbox"/> DELETE
NAME	TOIRAC, ONTONIEL	
STREET ADDRESS	1201 S.W. 22ND COURT	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	AREVALO, NELISA	
STREET ADDRESS	11125 S.W. 56TH STREET	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	GUIARDINU, ELIAS	
STREET ADDRESS	8615 N.W. 8TH STREET, #214	
CITY-ST-ZIP	MIAMI FL 33172	

**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 checked="" type="checkbox"/> Addition
4.2 NAME	VT CAIRO, RIGOBERTO
4.3 STREET ADDRESS	1045 S.W. 12TH COURT
4.4 CITY-ST-ZIP	MIAMI, FLORIDA 33135
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.

SIGNATURE: *[Signature]* DATE: 1/15/98 DAYTIME PHONE: (205) 267-6700

CP2E037 (10/97)