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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N29666

1. Corporation Name

IGLESIA BAUTISTA REDENCION, INC.

Principal Place of Business

5859 S.W. 16TH STREET
 MIAMI FL 33155-2104

Mailing Address

5859 S.W. 16TH STREET
 MIAMI FL 33155-2104



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

27 Suite, Apt. #, etc.

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

12/12/1988

4. FEI Number

65-0114902

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

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

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS DELETE

TITLE **PD**
 NAME **DIAZ, TOMAS REV.**
 STREET ADDRESS **5122 S.W. 5TH TERRACE**
 CITY-ST-ZIP **MIAMI FL 33134**

TITLE **VD**
 NAME **CONSUEGRA, HECTOR**
 STREET ADDRESS **2525 S.W. 24TH COURT**
 CITY-ST-ZIP **MIAMI FL 33145**

TITLE **TD**
 NAME **SABINA, OSVALDO**
 STREET ADDRESS **10200 S.W. 19TH STREET**
 CITY-ST-ZIP **MIAMI FL 33165**

TITLE **VT**
 NAME **CARIO, RIGOBERTO**
 STREET ADDRESS **1045 SW 12TH CT**
 CITY-ST-ZIP **MIAMI FL 33135**

TITLE **SR**
 NAME **AREVALO, NELISA**
 STREET ADDRESS **11125 S.W. 56TH STREET**
 CITY-ST-ZIP **MIAMI FL 33185**

TITLE **AS**
 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 Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME **SECRETARY**
 5.3 STREET ADDRESS **LIDIA RODRIGUEZ**
 5.4 CITY-ST-ZIP **1301 W. 60TH TERRACE**
HIALEAH, FLORIDA 33012

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

(Signature)
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
OSVALDO SABINA

3/21/99 (305) 267-6700
 Date Daytime Phone #

CR2E037 (11/98)