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May 20 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N31124 (3)  
1. Corporation Name  
BIBLE CHURCH OF HIALEAH, INC.



Principal Place of Business Mailing Address  
1030 E. 8TH AVE. HIALEAH FL 33010 US  
1820 W 53 RD ST APT #304 HIALEAH FL 33012-2125 US

3. Date Incorporated or Qualified 03/10/1989  
3a. Date of Last Report 02/08/1996

2. Principal Place of Business 2a. Mailing Address  
21 1550 W. 60 ST. Suite, Apt #, etc. 26 19780 S.W. 208 STREET Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 HIALEAH - FLA. 28 MIAMI - FLORIDA  
24 Zip 33010 Country DADE 29 Zip 33187 30 Country DADE

4. FEI Number 65-0122936 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  
GARCIA, ISRAEL  
7215 SW 39TH STREET  
APT #304  
MIAMI FL 33155

10. Name and Address of New Registered Agent  
81 Name JULIO PINEIRO  
82 Street Address (P.O. Box Number Is Not Acceptable) 660 E. 5 STREET  
83  
84 City HIALEAH FL 85 Zip Code 33010

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: MARIO A. JIMENEZ (V.D.) DATE: 5/17/97  
Signature, typed or printed name of registered agent and the if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	PD <input checked="" type="checkbox"/> DELETE
NAME	GARCIA, ISRAEL
STREET ADDRESS	7215 SW 39TH STREET
CITY-ST-ZIP	MIAMI FL
TITLE	VD <input checked="" type="checkbox"/> DELETE
NAME	FAST, ALVIN
STREET ADDRESS	1820 W 53RD STREET 304
CITY-ST-ZIP	HIALEAH FL
TITLE	TD <input type="checkbox"/> DELETE
NAME	JIMENEZ, RUTH
STREET ADDRESS	19780 SW 208 STREET
CITY-ST-ZIP	MIAMI FL
TITLE	SD <input type="checkbox"/> DELETE
NAME	PINEIRO, JULIAN
STREET ADDRESS	2850 E 5TH AVE ST
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	GAULT, ELADIA
STREET ADDRESS	2178 W 60 ST APT #18104
CITY-ST-ZIP	HIALEAH FL
TITLE	D <input type="checkbox"/> DELETE
NAME	RAMOS, NORBERTO
STREET ADDRESS	3907 NW 199 STREET
CITY-ST-ZIP	CAROL CITY FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	P.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JULIO PINEIRO
1.3 STREET ADDRESS	660 E. 5 STREET
1.4 CITY-ST-ZIP	HIALEAH - FLA. 33010
2.1 TITLE	V.D. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JIMENEZ, MARIO A.
2.3 STREET ADDRESS	19780 S.W. 208 STREET
2.4 CITY-ST-ZIP	MIAMI - FLA. 33187
3.1 TITLE	T.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JIMENEZ, RUTH
3.3 STREET ADDRESS	19780 SW. 208 STREET
3.4 CITY-ST-ZIP	MIAMI-FLA-33187.
4.1 TITLE	SD <input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	PINEIRO, JULIAN
4.3 STREET ADDRESS	660 E. 5 STREET
4.4 CITY-ST-ZIP	HIALEAH FL. 33010
5.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	GAULT ELADIA
5.3 STREET ADDRESS	2178 W. 60 ST. APT. # 18104
5.4 CITY-ST-ZIP	HIALEAH FL.
6.1 TITLE	D <input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	RAMOS, NORBERTO
6.3 STREET ADDRESS	3907 N.W. 199 STREET
6.4 CITY-ST-ZIP	CAROL CITY FL.

14. I do 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: *Mario A. Jimenez* (VILE PRESIDENT) DATE: 4/25/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR DAYTIME PHONE # 0022006

CFR2E037 (9/96)