

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

**CORPORATION  
ANNUAL REPORT  
1995**



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

**FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS**

95 FEB -3 PM 1:31

**DOCUMENT # N32208 (3)**

1. Corporation Name  
**ASAMBLEA EVANGELICA DE HIALEAH INC.**

Principal Place of Business Mailing Address  
691 E 27TH ST 691 E 27TH ST  
C/O CRUZ C. ACOSTA C/O CRUZ C. ACOSTA  
HIALEAH FL 33013 HIALEAH FL 33013

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/10/1989** 3a. Date of Last Report **02/10/1994**  
4. FEI Number **65-0119354** Applied For  
Net 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$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 28 Zip  
24 Country 29 Country

9. Name and Address of Current Registered Agent  
**RAFAEL, MIRO C  
500 SW 63 AVE  
MIAMI FL 33144**

10. Name and Address of New Registered Agent  
81 Name **Miro Carlos Rafael**  
82 Street Address (P.O. Box Number is Not Accepted) **6291 S.W. 6 Street**  
83 **Hialeah Miami FL 33144**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>TD</b>
NAME	<b>CAROISM, PAREDEZ</b>
STREET ADDRESS	<b>691 E 27 ST</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	<b>P</b>
NAME	<b>MIRO, RAFAEL</b>
STREET ADDRESS	<b>500 SW 63 AVE.</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	<b>V</b>
NAME	<b>SICILIA, ORLANDO</b>
STREET ADDRESS	<b>134 E. 27 STREET</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	<b>SD</b>
NAME	<b>SIMON, MARIO</b>
STREET ADDRESS	<b>470 E. 59 STREET</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	<b>SD</b>
NAME	<b>SANTANA, ORLANDO</b>
STREET ADDRESS	<b>470 E. 57 STREET</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>
TITLE	<b>SD</b>
NAME	<b>JIMENEZ, ORLANDO</b>
STREET ADDRESS	<b>470 E 50 ST</b>
CITY - ST - ZIP	<b>HIALEAH FL</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>TD. Carlos Paredes</b>
1.3 STREET ADDRESS	<b>691 East 27 St</b>
1.4 CITY - ST - ZIP	<b>Hialeah F 33013</b>
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>P. Carlos Rafael Miro</b>
2.3 STREET ADDRESS	<b>6291 S.W. 6 Street</b>
2.4 CITY - ST - ZIP	<b>Miami FL 33144</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>V. Mario Simon</b>
3.3 STREET ADDRESS	<b>470 E. 59 Street</b>
3.4 CITY - ST - ZIP	<b>Hialeah FL</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>SD. Santana Orlando</b>
4.3 STREET ADDRESS	<b>470 E 57 Street</b>
4.4 CITY - ST - ZIP	<b>Hialeah FL</b>
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 110.07(3)(b), 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 017, Florida Statutes; and that my name appears in Block 12 of Block 13 if changed or in an attachment with an address.

SIGNATURE: Carlos Rafael Miro Date: 1-30-95  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

305-371-5086