

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N32220** (8)

1. Corporation Name
IGLESIA DE DIOS "PUERTA DE SALVACION", INC.



Principal Place of Business: 12695 N.W. 7 AVE, MIAMI FL 33168, US
Mailing Address: 1310 N.W. 132 TERRACE, MIAMI FL 33167

3. Date Incorporated or Qualified: 05/10/1989
3a. Date of Last Report: 02/20/1995
4. FEI Number: 65-0122123
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

2. Principal Place of Business: 21 11440 N.W. 7th Avenue, 22 Suite, Apt. #, etc., 23 Miami, Florida, 24 Zip 33168, 25 Country, 26 Mailing Address, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

9. Name and Address of Current Registered Agent: RIVERA, VICTOR M., 1310 N.W. 132ND TERRACE, MIAMI FL 33167
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code **FL**

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD RIVERA, VICTOR M. 1310 N.W. 132 TERRACE MIAMI FL	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	VD RIVERA, OLGA 1310 N.W. 132 TERR MIAMI FL	21 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		22 NAME	V/D RIVERA, ABRAHAM M.
STREET ADDRESS		23 STREET ADDRESS	1255 N.E. 178th Street
CITY - ST - ZIP		24 CITY - ST - ZIP	N. Miami Beach, Fl. 33162
TITLE	SD ROSARIO, BOBBY 136 NW 7 AVE MIAMI FL	31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	S/D RIVERA, OLGA
STREET ADDRESS		33 STREET ADDRESS	1310 N.W. 132nd. Terrace
CITY - ST - ZIP		34 CITY - ST - ZIP	Miami, Fl. 33167
TITLE	TD RODRIGUEZ, LUCY 15007 NE 6 AVE., APT 117 MIAMI FL	41 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	T/D ROSARIO, MARGARET
STREET ADDRESS		43 STREET ADDRESS	3145 N.W. 26th Street
CITY - ST - ZIP		44 CITY - ST - ZIP	Miami, Fl. 33142
TITLE	D VARGAS, BILLIS 11455 S.W. 185 ST. MIAMI FL	51 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	D CORTES, CARMEN
STREET ADDRESS		53 STREET ADDRESS	2631 N.W. 13th Avenue
CITY - ST - ZIP		54 CITY - ST - ZIP	Miami, Fl. 33142
TITLE	D DELTORO, WALESKA 11455 S.W. 185 ST. MIAMI FL	61 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	D BRANDON MAURICIO
STREET ADDRESS		63 STREET ADDRESS	1494 N.W. 42nd Street
CITY - ST - ZIP		64 CITY - ST - ZIP	Miami, Fl. 33142

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 2 or Block 3 if changed, or on an attachment with an address.

SIGNATURE: M. Rivera (Signature and Typed or Printed Name of Signing Officer or Director)
Date: 1/27/91
Daytime Phone #: (305) 687-4463

CR2E037 (12/95)