FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997

MIAMI FL

CITY-ST-ZIP

SIGNATURE



FLORIDA DEPARTMENT OF STATE

FILED

Mar 10 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name N32220 (8)

IGLESIA DE DIOS "PUERTA DE SALVACION", INC.

Mailing Address Principal Place of Business 1310 N.W. 132 TERRACE MANUEL 93167-1721 11440 NW 7TH AVENUE 3. Date Incorporated or Qualified 3a. Date of Last Report 05/10/1989 01/29/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0122123 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zid Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Yes No 25 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name 0.9 RIVERA, VICTOR M. 82 Street Address (P.O. Box Number is Not Acceptable) 1310 N.W. 132ND TERRACE 83 MIAM! FL 33167 84 City 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 little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE TITLE PD 1.1 TITLE Change Addition RIVERA, VICTOR M. NAME 1.2 NAME 1310 N.W. 132 TERRACE STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TOTALE VD. 2.1 TITLE VD Change Addition VIVERA, ABRAHAM M Rivera, Abraham M. NAME 2.2 NAME 1255 N.E. 178 Street 1255 NE 178 ST STREET ADDRESS 2.3 STREET ADDRESS N MIAMI BEACH FL N. Miami Beach, Fl. CITY-ST-7IP 2. 4 CITY-ST-ZIP 33162 X DELETE TITLE 3.1 TITLE Change * Addition S.D. NAME RIVERA, OLGA 3.2 NAME Maria E. Mena 1310 NW 132 TERR 550 N.W. 137 Street N. Miami, Fl. 33168 STREET ADDRESS 3.3 STREET ADDRESS MIAMI FL CITY-ST-ZIP 3.4. DITY-ST-ZIP T DELETE TITLE 4.1 TITLE T.D. ROSARIO, MARGARET NAME 4 2 NAME Lucy Rodriquez n 15007 N.W. 6 Avenue Apt. 117 3145 NW 26 ST STREET ADDRESS 4.3 STREET ADDRESS MIAMI FL CITY-ST-7IP N. Miami, Fl. 33161 4.4 CITY-ST-ZIP DELETE TITLE 51 TITLE Change Addition **CORTES, CARMEN** NAME 5.2 NAME 2631 NW 13TH AVE STREET ADDRESS 5.3 STREET ADDRESS MIAMI FL CITY-ST-7IP 5.4 CITY-ST-ZIP **⚠** DELETE 1/1/16 X Addition Change 61 TITLE Carlos Gil 2240 N.E. 172 Street BRANDON, MAURICIO NAME 6.2 NAME 1494 NW 42 ST STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP 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 the amount report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the proporation of the occiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 12 if changed for or an attachment with an address.

Un Viotor Mi Rivera

N. Miami Beach, Fl. 33162

3/3/97

(305) 687-4453

Daytime Phone # Aox