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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # **N32220**

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

Principal Place of Business	Mailing Address
11440 NW 7TH AVENUE MIAMI FL 33168 US	1310 N.W. 132 TERRACE MIAMI FL 33167

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 05/10/1989
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0122123 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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 **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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIVERA, VICTOR M.		1.2 NAME		
STREET ADDRESS	1310 N.W. 132 TERRACE		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	VIVERA, ABRAHAM M		2.2 NAME	RIVERA, ABRAHAM M	
STREET ADDRESS	1255 NE 178 ST		2.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BEACH FL		2.4 CITY-ST-ZIP		
TITLE	SD	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	MARIA E. MENA		3.2 NAME		
STREET ADDRESS	550 N.W. 137 ST.		3.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		3.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	LUCY RODRIGUEZ		4.2 NAME		
STREET ADDRESS	15007 N.W. 6 AVE., APT. 117		4.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI FL		4.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	5.1 TITLE	D	☐ Change ☒ Addition
NAME	CORTES, CARMEN		5.2 NAME	PEREZ, NEFTALI	
STREET ADDRESS	2631 NW 13TH AVE		5.3 STREET ADDRESS	7682 W.34Lane Apt..#202	
CITY-ST-ZIP	MIAMI FL		5.4 CITY-ST-ZIP	Hialeah, Fl. 33018	
TITLE	D	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	CARLOS GIL		6.2 NAME		
STREET ADDRESS	2240 N.E. 172 ST.		6.3 STREET ADDRESS		
CITY-ST-ZIP	N. MIAMI BCH FL		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED VICTOR M. RIVERA, PRES. 2/14/99 [305] 687-4453
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #