

FILE NOW: FILING FEE IS \$61.25

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Jul 14, 1999 8:00 am
Secretary of State

07-14-1999 90017 024 ****13.75
 07-14-1999 90017 023 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N33857

1. Corporation Name

IGLESIA CONFRATERNIDAD, INC.

Principal Place of Business

10251 S W 64TH ST
 MIAMI FL 33173
 US

Mailing Address

10251 S W 64TH ST
 MIAMI FL 33173
 US



* 588355-90017-12

| | | | | | |
|--------------------------------|----|---------------------|----|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | | 26 | | 08/23/1989 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| | | | | 65-0145695 | |
| 22. City & State | | 27. City & State | | 5. Certificate of Status Desired | |
| | | | | <input checked="" type="checkbox"/> \$8.75 Additional Fee Required | |
| 23. Zip | | 28. Zip | | 6. Election Campaign Financing | |
| | | | | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| Country | | Country | | Trust Fund Contribution | |
| | | | | <input type="checkbox"/> | |
| 24 | 25 | 29 | 30 | | |

9. Name and Address of Current Registered Agent

GUTIERREZ, PEDRO R
 3945 S W 103 AVE
 APT E215
 MIAMI FL 33165

address change

10. Name and Address of New Registered Agent

| | | | |
|----|--|-----------------------------|-------------|
| 81 | Name | G GUTIERREZ, PEDRO | |
| 82 | Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 | | 3845 SW 103 ave. APT. C-212 | |
| 84 | City | FL | 85 Zip Code |
| | | MIAMI | 33165 |

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 | DS <input type="checkbox"/> DELETE | 1.1 TITLE | D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | CHAVEZ, VICTOR | 1.2 NAME | MANUEL R. RAMIREZ |
| STREET ADDRESS | 12540 S.W. 6TH STREET | 1.3 STREET ADDRESS | 9982 SW 162th Ct |
| CITY-ST-ZIP | MIAMI FL 33184 | 1.4 CITY-ST-ZIP | MIAMI, FL 33196 |
| TITLE | DT <input type="checkbox"/> DELETE | 2.1 TITLE | |
| NAME | RAMIREZ, ZULMA | 2.2 NAME | |
| STREET ADDRESS | 8841 FOUNTAINBLEAU BLVD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33172 | 2.4 CITY-ST-ZIP | |
| TITLE | D <input checked="" type="checkbox"/> DELETE | 3.1 TITLE | |
| NAME | PERALTA, IVAN | 3.2 NAME | |
| STREET ADDRESS | 15655 DE 74 CIR APT 4 | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33193 | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | |
| NAME | MONTERO, XAVIER | 4.2 NAME | |
| STREET ADDRESS | 10035 SW 156THA VE | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 4.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 5.1 TITLE | |
| NAME | ZEPEDA, LILY | 5.2 NAME | |
| STREET ADDRESS | 4800 NW 5TH DT | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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: ZULMA RAMIREZ, TREASURER SIGNATURE REQUIRED
 6-29-99 (305) 752-3896 Daytime Phone #

CR2E037 (11/98)