

FILE NOW: FILING FEE IS \$61.25

FILED

May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS																																																																																																																																							
DOCUMENT # N41308 (0) 1. Corporation Name IGLESIA RENACER, INC. DE LA ALIANCA CRISTIANA Y MISIONERA																																																																																																																																									
Principal Place of Business 1617 S. 21ST AVE. HOLLYWOOD FL 33020		Mailing Address C/O GREG FLEMING 1032 N 31ST RD HOLLYWOOD FL 33021-5517 US																																																																																																																																							
2. Principal Place of Business 21 121 S 24 AVE Suite, Apt. #, etc. 22 City & State 23 Hollywood FL Zip 24 33020 Country 25 USA		2a. Mailing Address 26 C/O JOSE ALEGRIA Suite, Apt. #, etc. 27 1402 N 31 RT City & State 28 Hollywood FL Zip 29 33021 Country 30 USA																																																																																																																																							
3. Date Incorporated or Qualified 12/13/1990		3a. Date of Last Report 05/01/1996																																																																																																																																							
4. FEI Number 65-0424923		Applied For Not Applicable																																																																																																																																							
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required																																																																																																																																							
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees																																																																																																																																							
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No																																																																																																																																									
9. Name and Address of Current Registered Agent FLEMING, GREGORY D 1032 N 31ST RD HOLLYWOOD FL 33021		10. Name and Address of New Registered Agent 81 Name JOSE V. ALEGRIA 82 Street Address (P.O. Box Number is Not Acceptable) 1402 N 31 RT 83 84 City Hollywood FL 85 Zip Code 33021																																																																																																																																							
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 <i>[Signature]</i> DATE 4/29/97																																																																																																																																									
12. OFFICERS AND DIRECTORS <table border="1"> <tr> <td>TITLE</td> <td>PD</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>PICHARDO, GEORGE R.</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>510 N 24TH AVE</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HOLLYWOOD FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>D</td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>DANIEL RODRIGUEZ</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>2414 JACKSON ST</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HOLLYWOOD FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td>TD</td> <td><input checked="" type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td>FLEMING, GREGORY D</td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td>1032 N 31ST RD</td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td>HOLLYWOOD FL</td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>TITLE</td> <td></td> <td><input type="checkbox"/> DELETE</td> </tr> <tr> <td>NAME</td> <td></td> <td></td> </tr> <tr> <td>STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>				TITLE	PD	<input type="checkbox"/> DELETE	NAME	PICHARDO, GEORGE R.		STREET ADDRESS	510 N 24TH AVE		CITY - ST - ZIP	HOLLYWOOD FL		TITLE	D	<input type="checkbox"/> DELETE	NAME	DANIEL RODRIGUEZ		STREET ADDRESS	2414 JACKSON ST		CITY - ST - ZIP	HOLLYWOOD FL		TITLE	TD	<input checked="" type="checkbox"/> DELETE	NAME	FLEMING, GREGORY D		STREET ADDRESS	1032 N 31ST RD		CITY - ST - ZIP	HOLLYWOOD FL		TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			TITLE		<input type="checkbox"/> DELETE	NAME			STREET ADDRESS			CITY - ST - ZIP			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 <table border="1"> <tr> <td>1.1 TITLE</td> <td>TD</td> <td><input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition</td> </tr> <tr> <td>1.2 NAME</td> <td>JOSE D. ALEGRIA</td> <td></td> </tr> <tr> <td>1.3 STREET ADDRESS</td> <td>1402 N 31 RT</td> <td></td> </tr> <tr> <td>1.4 CITY - ST - ZIP</td> <td>Hollywood FL 33021</td> <td></td> </tr> <tr> <td>2.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>2.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>2.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>2.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>3.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>3.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>3.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>3.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>4.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>4.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>4.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>4.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>5.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>5.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>5.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>5.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> <tr> <td>6.1 TITLE</td> <td></td> <td><input type="checkbox"/> Change <input type="checkbox"/> Addition</td> </tr> <tr> <td>6.2 NAME</td> <td></td> <td></td> </tr> <tr> <td>6.3 STREET ADDRESS</td> <td></td> <td></td> </tr> <tr> <td>6.4 CITY - ST - ZIP</td> <td></td> <td></td> </tr> </table>		1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	1.2 NAME	JOSE D. ALEGRIA		1.3 STREET ADDRESS	1402 N 31 RT		1.4 CITY - ST - ZIP	Hollywood FL 33021		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	2.2 NAME			2.3 STREET ADDRESS			2.4 CITY - ST - ZIP			3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	3.2 NAME			3.3 STREET ADDRESS			3.4 CITY - ST - ZIP			4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	4.2 NAME			4.3 STREET ADDRESS			4.4 CITY - ST - ZIP			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		
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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 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 my address. SIGNATURE: <i>[Signature]</i> DATE 4/29/97 DAYTIME PHONE # 054-981-0904																																																																																																																																									

CR2E037 (9/96)