

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 FEB 13 PM 1:34

DOCUMENT # N42817 (9)

1. Corporation Name

IGLESIA BAUTISTA FUENTE DE LUZ, INC.

Principal Place of Business

Mailing Address

321 N.W. 109TH AVE. NO. 2
MIAMI FL 33172

321 N.W. 109TH AVE. NO. 2
MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/03/1991	3a. Date of Last Report 02/18/1994
4. FEI Number 65-0258140	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	25 Suite, Apt. #, etc.
22 City & State	26 City & State
23 Zip Country	27 Zip Country
24	28
25	29
26	30

9. Name and Address of Current Registered Agent

RODRIGUEZ, DAVID
321 N.W. 109TH AVE. NO. 2
MIAMI FL 33172

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 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered officer 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	RODRIGUEZ, DAVID
STREET ADDRESS	321 NW 109TH AVE. #2
CITY - ST - ZIP	MIAMI FL
TITLE	D
NAME	AVILEZ, LUIS
STREET ADDRESS	20121 NW 8TH ST.
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	D
NAME	MEJIA, EDIN
STREET ADDRESS	10807 NW 7TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	S
NAME	MEJIA, CARMEN
STREET ADDRESS	10807 NW 7TH ST.
CITY - ST - ZIP	MIAMI FL
TITLE	T
NAME	AVILEZ, XUNITL
STREET ADDRESS	20121 NW 8TH ST
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ALFONSO CASTELLANO
2.3 STREET ADDRESS	11695 N.W. 28TH APT. 106
2.4 CITY - ST - ZIP	MIAMI FL 33172
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BERNARDO GRANADA
5.3 STREET ADDRESS	403 N.W. 72AVE APT. 418
5.4 CITY - ST - ZIP	MIAMI FL 33126
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 110.07(3)(4), 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.

SIGNATURE: DAVID F. RODRIGUEZ *David F. Rodriguez* 1-12-95 305-573-6957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Signature #