

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 03 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 # 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 33172-5239

3. Date Incorporated or Qualified
04/03/1991

3a. Date of Last Report
03/27/1996

2. Principal Place of Business

21 Suite, Apt #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt #, etc.

27 City & State

29 Zip Country

4. FEI Number

65-0258140

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME RODRIGUEZ, DAVID
STREET ADDRESS 321 NW 109TH AVE. #2
CITY-ST-ZIP MIAMI FL

1.1 TITLE D
1.2 NAME JUAN RODRIGUEZ
1.3 STREET ADDRESS 707 N.W. 111ST #9
1.4 CITY-ST-ZIP MIAMI, FL 33172

TITLE D
NAME CASTELLANO, ALFONSO
STREET ADDRESS 11695 NW 2ND ST., APT 106
CITY-ST-ZIP MIAMI FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME MEJIA, EDIN
STREET ADDRESS 10807 NW 7TH ST.
CITY-ST-ZIP MIAMI FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE S
NAME ROJAS, MARTA LORENA
STREET ADDRESS 11352 SW 3 STREET
CITY-ST-ZIP MIAMI FL

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE T
NAME GRANDA, ERNESTO
STREET ADDRESS 403 NW 72ND AVE., APT 418
CITY-ST-ZIP MIAMI FL

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
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 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: [Signature] REQUIRED

1-12-97

Date

Daytime Phone # 0032645

CR2E037 (9/96)