

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 11 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

**DOCUMENT # N42817 (9)**

1. Corporation Name  
**IGLESIA BAUTISTA FUENTE DE LUZ, INC.**



Principal Place of Business <b>321 N.W. 109TH AVE. NO. 2 MIAMI FL 33172</b>	Mailing Address <b>321 N.W. 109TH AVE. NO. 2 MIAMI FL 33172</b>
--	--

3. Date Incorporated or Qualified <b>04/03/1991</b>		
4. FEI Number <b>65-0258140</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

2. Principal Place of Business 21 <b>7730 Nw 183 St</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>11352 sw 3st</b> Suite, Apt. #, etc.
22 City & State 23 <b>Miami Fla</b>	27 City & State 28 <b>Miami Fla</b>
24 Zip <b>33015</b> 25 Country <b>Dade</b>	29 Zip <b>33174</b> 30 Country <b>Dade</b>

9. Name and Address of Current Registered Agent <b>RODRIGUEZ, DAVID 321 N.W. 109TH AVE. NO. 2 MIAMI FL 33172</b>	10. Name and Address of New Registered Agent 81 Name <b>Luis pierdominici</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>7730 Nw 183 St</b> 83 84 City <b>Miami</b> FL 85 Zip Code <b>33015</b>
---	--

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]* - **Luis D. Pierdominici - D.** DATE: **5/29/98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>RODRIGUEZ, DAVID</b>		1.2 NAME <b>Luis pierdominici</b>	
STREET ADDRESS <b>321 NW 109TH AVE. #2</b>		1.3 STREET ADDRESS <b>7730 Nw 183 St</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		1.4 CITY-ST-ZIP <b>Miami FL 33015</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>MEJIA, EDIN</b>		2.2 NAME	
STREET ADDRESS <b>10807 NW 7TH ST.</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>S</b>	<input type="checkbox"/> DELETE	3.1 TITLE <b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>ROJAS, MARTA LORENA</b>		3.2 NAME	
STREET ADDRESS <b>11352 SW 3 STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>T</b>	<input checked="" type="checkbox"/> DELETE	4.1 TITLE <b>T</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME <b>GRANDA, ERNESTO</b>		4.2 NAME <b>Oscar Molina</b>	
STREET ADDRESS <b>103 NW 72ND AVE., APT 418</b>		4.3 STREET ADDRESS <b>200 sw 76 ct</b>	
CITY-ST-ZIP <b>MIAMI FL</b>		4.4 CITY-ST-ZIP <b>Miami Fla 33174</b>	
TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>RODRIGUEZ, JUAN</b>		5.2 NAME	
STREET ADDRESS <b>707 NW 111 CT #9</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>MIAMI FL</b>		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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.

SIGNATURE: *[Signature]* DATE: **5/28/98**

CR2E037 (10/97)