

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

DOCUMENT # **N43147** (0)

1. Corporation Name
IGLESIA CRISTIANOS UNIDOS INC.

95 MAY 16 AM 8:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
4111 NE 07 AVENUE E509 MIAMI FL 33142 **4111 NE 07 AVENUE E509 MIAMI FL 33142**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/26/1991** 3a. Date of Last Report **05/01/1994**
4. FEI Number **65-0281972** Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **70 N.W. 77 ST** 26 **70 N.W. 77 ST.**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 **APT 7** 27 **APT 7**
City & State City & State
23 **MIAMI FL** 28 **MIAMI FL**
Zip Country Zip Country
24 **33150** 25 **USA** 29 **33150** 30 **USA**

5. Certificate of Status Desired **\$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
TORRES, EUDES
411 NW 37 AVENUE E509
MIAMI FL 33142

10. Name and Address of New Registered Agent
B1 Name **TORRES EUDES**
B2 Street Address (P.O. Box Number is Not Acceptable) **70 N.W. 77 ST. APT 7.**
B3
B4 City **MIAMI** FL B5 Zip Code **33142**

11. Pursuant to the provisions of Sections 607.0602 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *(EUDES TORRES)* (NOTE: Registered Agent signature required when reinstating) DATE **5/9/95**

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	TORRES, EUDES
STREET ADDRESS	4111 NW 37 AVENUE E509
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	TORRES, ELTA P.
STREET ADDRESS	4111 NW 37 AVE E509
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	JIMENEZ, CARMEN
STREET ADDRESS	2942 NW 12 AVE
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	70 N.W. 77 ST APT 7
14 CITY - ST - ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	70 N.W. 77 ST APT 7
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on any attachment with an address.

SIGNATURE: *(Signature)* **PRESIDENT** DATE **5/9/95** (905) 756-9989