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**May 13, 1999 8:00 am**  
**Secretary of State**

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NONPROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # N43147

1. Corporation Name

IGLESIA CRISTIANOS UNIDOS, INC.

Principal Place of Business

Mailing Address

2255 W. FLASLER  
MIAMI, FL 33135

P.O. BOX 470534  
MIAMI, FL 33247

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 2255 W. FLASLER

26 P.O. BOX 470534

04-26-1991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For  
 Not Applicable

65-0281972

City & State

City & State

5. Certificate of Status Desired

**\$8.75** Additional Fee Required

MIAMI, FL

MIAMI, FL

6. Election Campaign Financing Trust Fund Contribution

**\$5.00** May Be Added to Fees

Zip Country

33135 USA

Zip Country

33247

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EUDES TORRES  
2255 W. FLASLER  
MIAMI, FL 33135

81 Name EUDES TORRES

82 Street Address (P.O. Box Number is Not Acceptable)  
2255 W. FLASLER

83

84 City MIAMI

FL

85 Zip Code 33135

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]  
 Signature of registered agent and title if applicable.

EUDES TORRES

05-01-99

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/O  DELETE  
 NAME TORRES, EUDES  
 STREET ADDRESS 2255 W. FLASLER  
 CITY-ST-ZIP MIAMI, FL 33135

1.1 TITLE P/O  Change  Addition  
 1.2 NAME TORRES, EUDES  
 1.3 STREET ADDRESS 2255 W. FLASLER  
 1.4 CITY-ST-ZIP MIAMI, FL 33135

TITLE T/O  DELETE  
 NAME TORRES, ELTA P.  
 STREET ADDRESS 2255 W. FLASLER  
 CITY-ST-ZIP MIAMI, FL 33135

2.1 TITLE T/O  Change  Addition  
 2.2 NAME TORRES, ELTA P.  
 2.3 STREET ADDRESS 2255 W. FLASLER  
 2.4 CITY-ST-ZIP MIAMI, FL 33135

TITLE S/O  DELETE  
 NAME PAOILLA MASSIEL  
 STREET ADDRESS 211 SW 18 AVE APT 4  
 CITY-ST-ZIP MIAMI, FL 33135

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

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

TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY-ST-ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 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 as an attachment with an address, with all other like empowered.

SIGNATURE [Signature] EUDES TORRES President 05-01-99 (305) 637-1421  
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E037 (1/98)