


FILE NOW: FILING FEE IS \$61.25

FILED  
Feb 03 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
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DOCUMENT # **N43794** (9)  
1. Corporation Name  
**FIRST SPANISH CHURCH OF THE OPEN BIBLE, INC.**

Principal Place of Business <b>490 EAST 50TH STREET HIALEAH FL 33013</b>	Mailing Address <b>490 EAST 50TH STREET HIALEAH FL 33013</b>
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3. Date Incorporated or Qualified <b>06/07/1991</b>	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
4. FEI Number <b>65-0005650</b>		

2. Principal Place of Business 21 Suite, Apt. #, etc 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc 27 City & State 28 Zip 29 Country
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5. Certificate of Status Desired <input checked="" 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	

9. Name and Address of Current Registered Agent <b>CAJIGAS, RALPH A. 3540 WEST 1ST AVENUE HIALEAH FL 33012</b>
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10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T GUERRERO, MANUEL</b>
STREET ADDRESS	<b>4424 8TH COURT</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D HERNANDEZ, IDELFONSO</b>
STREET ADDRESS	<b>415 E. 40TH STREET</b>
CITY-ST-ZIP	<b>HIALEAH FL 33013</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D RAMIREZ, WILLIAM</b>
STREET ADDRESS	<b>13910 APPALACHIAN TRAIL</b>
CITY-ST-ZIP	<b>DAVIE FL 33325</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D ROMAN, AURELIO</b>
STREET ADDRESS	<b>17340 NW 31ST AVENUE</b>
CITY-ST-ZIP	<b>OPA-LOCKA FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D SOTOLONGO, JUANA</b>
STREET ADDRESS	<b>5461 W. 27TH COURT</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>D TAVAREZ, JIMMY</b>
STREET ADDRESS	<b>12515 SW 7TH PLACE</b>
CITY-ST-ZIP	<b>DAVIE FL</b>

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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: \_\_\_\_\_ Jan 5, 1998

CR2E037 (10/97)