

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)


NONPROFIT CORPORATION ANNUAL REPORT 1998



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

99 APR 28 AM 8:39

STATE OF FLORIDA



DOCUMENT # N45459 (7)
 1. Corporation Name
 IGLESIA BIBLICA CRISTIANA DE HIALEAH GARDENS, INC.

Principal Place of Business Mailing Address
 8715 NW 119 STREET HIALEAH GARDENS FL 33016
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REINSTATEMENT *9/8/99*

3. Date Incorporated or Qualified: 10/04/1991
 4. FEI Number: 65-0312372 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
 7. Is this nonprofit corporation a homeowners association? Yes No
 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip 28 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
 MONTCRIFFE, OSCAR JR.
 7 NW 109 PLACE
 MIAMI FL 31722

10. Name and Address of New Registered Agent
 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: *Mario D. Tarasuk* DATE: *4/11/99*

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TARASUK, MARIO D	
STREET ADDRESS	6954 BOTTLE BRUSH DRIVE	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, ALBERTO	
STREET ADDRESS	14625 SW 142 PL CIR	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SUAREZ, NELSON	
STREET ADDRESS	8715 NW 119 ST	
CITY-ST-ZIP	HIALEAH GARDENS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ONTANEDA, CESAR	
STREET ADDRESS	3522 NW 95 TERR.AVE	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	000002869890--0
1.3 STREET ADDRESS	-05/10/99--01130--008
1.4 CITY-ST-ZIP	****306.25 ****306.25
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<i>MUSE, Jorge</i>
2.3 STREET ADDRESS	<i>11313 N.W. 39TH</i>
2.4 CITY-ST-ZIP	<i>MIAMI FL 33178</i>
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<i>Juan Rosado</i>
3.3 STREET ADDRESS	<i>8231 N.W. 200TH</i>
3.4 CITY-ST-ZIP	<i>MIAMI FL 33015</i>
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: *Mario D. Tarasuk* DATE: *4/28/99* DAYTIME PHONE #: *305 557 1959*

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CR2E037 (5/98)