

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N46087** (5)  
1. Corporation Name  
**IGLESIA CRISTIANA MAS QUE VENCEDORES INC.**



Principal Place of Business <b>5460 N. ST RD 7 SUITES #229-233 FT. LAUDERDALE FL 33319</b>	Mailing Address <b>PO BOX 23283 FT. LAUDERDALE FL 33307-3283</b>
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3. Date Incorporated or Qualified <b>11/19/1991</b>	3a. Date of Last Report <b>04/23/1996</b>
4. FEI Number <b>65-0296202</b>	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MARRERO, MARIO**  
**5460 N. STATE RD. 7, #215-216**  
**FT. LAUDERDALE FL 33319**

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	<b>FL</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 hereby and accept the obligation under 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>P MARRERO, MARIO</b>
STREET ADDRESS	<b>7008 N.W. 80TH AVE</b>
CITY-ST-ZIP	<b>TAMARAC FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T ORTIZ, NANCY</b>
STREET ADDRESS	<b>6370 SW 18 CT.</b>
CITY-ST-ZIP	<b>POMPANO BCH FL 33068</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>S FONTANEZ, VALENTIN</b>
STREET ADDRESS	<b>1611 NW 7TH AVE., APT. B</b>
CITY-ST-ZIP	<b>FORT LAUDERDALE FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T PERALTA, IVAN</b>
STREET ADDRESS	<b>4001 N. UNIVERSITY DR.</b>
CITY-ST-ZIP	<b>SUNRISE FL 33351</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T VALENTINI, RICARDO</b>
STREET ADDRESS	<b>5039 NW 41ST CT.</b>
CITY-ST-ZIP	<b>LAUDERDALE LAKES FL 33319</b>
TITLE	<input type="checkbox"/> DELETE
NAME	<b>T FIGUEROA, MARCELINO</b>
STREET ADDRESS	<b>4029 LAKESIDE DR.</b>
CITY-ST-ZIP	<b>TAMARAC FL 33319</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>7901 NW 71 CT</b>
1.4 CITY-ST-ZIP	<b>Tamarac FL 33321</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>5 VALENTIN, ENGLIDA</b>
3.3 STREET ADDRESS	<b>5039 NW 41 CT</b>
3.4 CITY-ST-ZIP	<b>LAUD. LAKES FL 33319</b>
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>Valentin</b>
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>Rodriguez Ramon</b>
6.3 STREET ADDRESS	<b>1041 NW 7th Ave</b>
6.4 CITY-ST-ZIP	<b>FT. LAUD. FL 33311</b>

14. I do 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]* 4/27/97  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone # 0035788

CR2E037 (9/96)