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NONPROFIT
 CORPORATION
 ANNUAL REPORT



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

1999

DOCUMENT # N46087

1. Corporation Name

IGLESIA CRISTIANA MAS QUE VENCEDORES INC.

Principal Place of Business

5460 N. ST RD 7
 SUITES #229-233
 FT. LAUDERDALE FL 33319

Mailing Address

PO BOX 23283
 FT. LAUDERDALE FL 33307



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip 25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip 29 Country

3. Date Incorporated or Qualified

11/19/1991

4. FEI Number

65-0296202

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
 Fee Required

6. Election Campaign Financing



\$5.00 May Be
 Added to Fees

9. Name and Address of Current Registered Agent

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

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12.

OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME **MARRERO, MARIO**

STREET ADDRESS **7901 NW 71 CT**

CITY-ST-ZIP **TAMARAC FL**

TITLE T ☒ DELETE

NAME **ORTIZ, MIRYAM**

STREET ADDRESS **1620 SW 23RD ST**

CITY-ST-ZIP **MIAMI FL 33145**

TITLE S ☐ DELETE

NAME **OLMEDA, HILDA**

STREET ADDRESS **5154 ISLAND CLUB DR**

CITY-ST-ZIP **TAMARAC FL 33319**

TITLE T ☒ DELETE

NAME **ORTIZ, FREDIE**

STREET ADDRESS **1620 SW 28TH ST**

CITY-ST-ZIP **MIAMI FL 33145**

TITLE T ☐ DELETE

NAME **ESCRIBANO, JUAN**

STREET ADDRESS **1100 NW 19TH ST**

CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

TITLE T ☐ DELETE

NAME **ESCRIBANO, WANDA**

STREET ADDRESS **1100 NW 19 ST**

CITY-ST-ZIP **FT. LAUDERDALE FL 33311**

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE

☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE:

Mario Marrero
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-8-99 954-724-0972

CR2E037 (11/98)