NONPROFIT **CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N48215

1. Corporation Name

IGLESIA BAUTISTA NUEVO AMANECER, INC. MIAMI, FLO **RIDA**

FILED Feb 22, 1999 8:00 am Secretary of State

02-22-1999 90092 009 ****61.25

	e of Business TH-STREET 18295 N.W. 68 A	Mailing Address W.E. 6601 N.W. 167TH STREET MIAMI FL, 330/5	18295 NW	-68 Ave.	
MICHIEL C) 1900))(\$4 B)) B)(B), 10018 1)(B) 1146) B)))	DIDEN DEREN DIREN BIREN DIREN 1881
2. Principal P	lace of Business	2a. Mailing Address		3. Date incorporated or Qualifed 04/06/1992	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		4. FEI Number 65-0339144	Applied For Not Applicable
City & Star	de	City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
Zip	Country 25	Zip	Country 30	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	9. Name and Address of Curren			10. Name and Address of New Register	ed Agent
	italio and ridal got or outlor		81 Name		
					
CARDOSA, DOMINGO			82 Stree	t Address (P.O. Box Number is Not Acceptable)	名。1110 · 10 · 10 · 10 · 10 · 10 · 10 · 10
6882 NW 173RD DRIVE APT 807			83		李育(李)(第)
MIAMI FL	33015		84 City		85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statute	s, the above-name	d corporation submits this statement for the purpose	of changing its registered
office or i	registered agent, or both, in the State am familiar with, and accept the obligat	of Florida. Such change was au	tnonzed by the cor	poration's board of directors. I hereby accept the ap	pomunent as registered
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: I	Registered Agent signatur	e required when reinstating) DATE	
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	T	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	RIVERO, RUDY		1.2 NAME		
STREET ADDRESS	8320 NW 177TH STREET		1.3 STREET ADDRES	s ·	
CITY-ST-ZIP	PALMS SPRINGS NORTH FL		1.4 CITY-ST-ZIP		
TITLE	TD	DELETE	2.† TITLE	TD. JOSE BARBERU 19330 N. W. 56 PL. MIANI, FL. 33055	☐ Change Addition
NAME	SAMPER, LEON W.	•	2.2 NAME	19220 N. W. 5% PL.	•
STREET ADDRESS	_		2.3 STREET ADDRES	s //350 /// 23055	
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	MIANI, FL. 33055	Change Addition
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Cuande ☐ ¥oogoou
NAME	RODRIGUEZ, OCTAVIO		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRES	s	
CITY-ST-ZIP	HIALEAH FL	□ Notices	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	TD SOVER DEATE	☐ DELETE	4.1 TITLE		□ Shange □ Addition
NAME	BRYAN, RENE		4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRES	s	
CITY-ST-ZIP	MIAMI FL	☐ DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	NONTRANEZ DETER	☐ DETEIC	5.1 TITLE 5.2 NAME	1	
NAME	MONTTANEZ, PETER 7400 TWIN SABAL DRIVE		5.3 STREET ADDRES	s l	
STREET ADDRESS	MIAMI LAKES FL		5.4 CITY-ST-ZIP		
CITY-ST-ZIP	V	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		C 00000	I	1	
	LCYDDUCU DUMNEU		6.2 NAME		•
NAME STREET ADDRESS	CARDOSO, DOMINGO 6882 N.W. 173RD DRIVE, APT 8	207	6.2 NAME 6.3 STREET ADDRES	s	•

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 suppliemental 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 section or pastee 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:

CITY-ST-ZIP