

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **N48789** (4)
1. Corporation Name
IGLESIA BAUTISTA DE "RENOVACION CRISTIANA", INC.



Principal Place of Business: 8326 SW 8TH STREET MIAMI FL 33144
Mailing Address: 8326 SW 8TH STREET MIAMI FL 33144

3. Date Incorporated or Qualified: 05/08/1992
3a. Date of Last Report: 03/08/1995

21. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	65-0342568	Not Applicable
23. City & State	27. City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
24. Zip	28. City & State	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
25. Country	29. Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
26. Country	30. Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
RUIZ, ALDO E 17220 NW 64 AVENUE., #312 MIAMI FL 33015		81. Name	
		82. Street Address (P.O. Box Number is Not Acceptable)	11981 SW 24th Terrace
		83.	
		84. City	Miami
		85. State	FL
		86. Zip Code	33175

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: Aldo E. Ruiz January 17, 1996
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D RUIZ, HUGO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, HUGO	1.2 NAME	
STREET ADDRESS	11981 SW 24TH TER	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	HERRERA, JUAN	2.2 NAME	Hector Lopez
STREET ADDRESS	6795 TAMiami CANAL RD	2.3 STREET ADDRESS	8579 SW 5th Street
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	Miami, FL 33144
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HEREDIA, RAYMUNDO	3.2 NAME	
STREET ADDRESS	1920 NW 34TH AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33125	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, JAVIER	4.2 NAME	
STREET ADDRESS	17370 NW 52ND AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, CARLOS	5.2 NAME	
STREET ADDRESS	14710 SW 57 TERRACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33193	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUIZ, ALDO	6.2 NAME	
STREET ADDRESS	17220 NW 64 AVE. APT. 312	6.3 STREET ADDRESS	11981 SW 24th Terrace
CITY-ST-ZIP	MIAMI FL 33015	6.4 CITY-ST-ZIP	Miami, FL 33175

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: Carlos Lopez January 21, 1996 (305) 262-3007
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)