

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 15 PM 3:20

DOCUMENT # **N92000000827 (7)**

1. Corporation Name
IGLESIA EVANGELICA LUTERANA "SAN PABLO APOSTOL" INC.

Principal Place of Business Mailing Address
10700 SW 56TH ST. MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/16/1992	3a. Date of Last Report 02/24/1994
4. FEI Number 65-0366190	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" 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 Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

PUERTO, JOSE G
11715 SW 18TH ST.
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *REV. JOSE G. PUERTO - PASTOR*

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	DELGADO, CARMELO
STREET ADDRESS	782 N.W. 134TH AVE.
CITY-ST-ZIP	MIAMI FL
TITLE	V
NAME	SANCHEZ, ALEJANDRO
STREET ADDRESS	700 S.W. 23RD ST., APT. 18
CITY-ST-ZIP	MIAMI FL
TITLE	S
NAME	FRAGANO, VIVIAN
STREET ADDRESS	10925 SW 40TH TERR.
CITY-ST-ZIP	MIAMI FL 33165
TITLE	T
NAME	GODOY, LETICIA
STREET ADDRESS	9041 KENDAL DR.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	BELLO, MARY
STREET ADDRESS	10816 NO. KENDALL DR., R-12
CITY-ST-ZIP	MIAMI FL 33178
TITLE	D
NAME	ESCOBAR, MARTA
STREET ADDRESS	4873 S.W. 135TH CT.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BELLO, MARY
1.3 STREET ADDRESS	10816 No. Kendall Dr. R-12
1.4 CITY-ST-ZIP	MIAMI FL 33178
2.1 TITLE	V <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	REAL, VICTOR
2.3 STREET ADDRESS	12257 N.W. 6 Terr.
2.4 CITY-ST-ZIP	MIAMI FL 33173
3.1 TITLE	S <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	DELGADO, FE
3.3 STREET ADDRESS	782 N.W. 134 Ave.
3.4 CITY-ST-ZIP	MIAMI FL 33182
4.1 TITLE	T <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	DELGADO, CARMELO
4.3 STREET ADDRESS	782 N.W. 134 Ave.
4.4 CITY-ST-ZIP	MIAMI FL 33182
5.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	FRAGANO, VIVIAN
5.3 STREET ADDRESS	10925 S.W. 40 Terr.
5.4 CITY-ST-ZIP	MIAMI FL 33165
6.1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	BORRAS, LORENZO
6.3 STREET ADDRESS	4537 S.W. 132 Pl
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 110.07(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 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Carmelo Delgado*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/16/95 (305) 554-7993
Date Expiration Period