

FILE NOW: FILING FEE IS \$61.25

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Jan 27 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N9300000216 (2)  
1. Corporation Name  
PENTECOSTAL MOVEMENT ESMIRNA OF NORTH MIAMI, INC



Principal Place of Business Mailing Address  
462 N.W. 111TH TERRACE MIAMI SHORES FL 33168  
462 N.W. 111TH TERRACE MIAMI SHORES FL 33168-3326

3. Date Incorporated or Qualified 01/19/1993  
3a. Date of Last Report 01/26/1996

2. Principal Place of Business 2a. Mailing Address  
21 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 27  
City & State City & State  
23 28  
Zip Country Zip Country  
24 25 29 30

4. FEI Number 65-0380247  Applied For  Not Applicable  
5. Certificate of Status Desired  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ARROYO, SUSANA  
462 N.W. 11TH TERRACE  
MIAMI SHORES FL 33168

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 |                                   | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-----------------------------------|---|---|
| TITLE                      | D <input type="checkbox"/> DELETE | 1.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARROYO, SUSANA                    | 1.2 NAME  | ARROYO SUSANA   |
| STREET ADDRESS             | 462 N.W. 111TH TERR               | 1.3 STREET ADDRESS                                    | 462 N.W. 111 TERR,  |
| CITY-ST-ZIP                | MIAMI SHORES FL 33168             | 1.4 CITY-ST-ZIP                                       | MIAMI SHORES FLA. 33168   |
| TITLE                      | D <input type="checkbox"/> DELETE | 2.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | ARROYO, EDWIN                     | 2.2 NAME  | ARROYO EDWIN  |
| STREET ADDRESS             | 462 N.W. 111TH TERR               | 2.3 STREET ADDRESS                                    | 462 N.W. 111 TERR,  |
| CITY-ST-ZIP                | MIAMI SHORES FL 33168             | 2.4 CITY-ST-ZIP                                       | MIAMI SHORES FLA. 33168   |
| TITLE                      | D <input type="checkbox"/> DELETE | 3.1 TITLE   | D <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | RODRIGUEZ, DAMIAN SR              | 3.2 NAME  | Rod Miguez Damian Sr  |
| STREET ADDRESS             | 1510 N.E. 207TH STREET            | 3.3 STREET ADDRESS                                    | 1570 NE 207th STREET  |
| CITY-ST-ZIP                | NORTH MIAMI FL 33179-2105         | 3.4 CITY-ST-ZIP                                       | North Miami FLA. 33179  |
| TITLE                      | <input type="checkbox"/> DELETE   | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                   | 4.2 NAME  |   |
| STREET ADDRESS             |                                   | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                   | 5.2 NAME  |   |
| STREET ADDRESS             |                                   | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE   | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition   |
| NAME                       |                                   | 6.2 NAME  |   |
| STREET ADDRESS             |                                   | 6.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |                                   | 6.4 CITY-ST-ZIP                                       |   |

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:

*Susana Arroyo*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032238

CR2E037 (9/96)