

FILE NOW: FILING FEE IS \$61.25

FILED

Jun 03 1997 8:00am  
Secretary of State

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # N93000001577 (6)

1. Corporation Name

IGLESIA EVANGELICA PRINCIPE DE PAZ, INC.




Principal Place of Business	Mailing Address
2615 N.W. 20 ST. MIAMI FL 33134 US	5680 S.W. 7TH ST MIAMI FL 33134-1064

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 1067 SW 8 st		26 1067 SW 8 st		04/08/1993		03/11/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number		Applied For	
22		27		94-9121999		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		8.75 Additional Fee Required	
23 Miami, Fla		28 Miami, FL		<input type="checkbox"/>		<input type="checkbox"/>	
Zip		Zip		6. Election Campaign Financing		5.00 May Be Added to Fees	
24 33130		29 33130		Trust Fund Contribution		<input type="checkbox"/>	
Country		Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		<input type="checkbox"/> Yes <input type="checkbox"/> No	
25 Dade		30 Dade					

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ROMERO, LUIS MANUEL 5680 S.W. 7 ST. MIAMI FL 33134				81 Name Same			
				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  4-16-97  
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	P	<input type="checkbox"/> DELETE		1.1 TITLE	PD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROMERO, LUIS M			1.2 NAME	Romero, Luis M		
STREET ADDRESS	5680 S.W. 7TH STREET			1.3 STREET ADDRESS	255 S.W. 9 st # 5		
CITY-ST-ZIP	MIAMI FL 33134			1.4 CITY-ST-ZIP	Miami FL 33130		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	GARCIA, ANGEL L			2.2 NAME	Alfonso Jesus Perez		
STREET ADDRESS	3811 N.W. 177TH STREET			2.3 STREET ADDRESS	5680 S.W. 7 ST.		
CITY-ST-ZIP	CAROL CITY FL			2.4 CITY-ST-ZIP	MIAMI, FL 33134		
TITLE	STD	<input type="checkbox"/> DELETE		3.1 TITLE	STD	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	CANO, JOCHEBED G			3.2 NAME	Cano, Jochebed G.		
STREET ADDRESS	3811 N.W. 177TH STREET			3.3 STREET ADDRESS	3811 N.W. 177 ST		
CITY-ST-ZIP	CAROL CITY FL			3.4 CITY-ST-ZIP	Carol City 33055		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	TS D	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				4.2 NAME	Juan Perez		
STREET ADDRESS				4.3 STREET ADDRESS	6640 W 24 Court # 104		
CITY-ST-ZIP				4.4 CITY-ST-ZIP	Hialeah 33016		
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	FT	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
NAME				5.2 NAME	Romero, Bertha Lidia		
STREET ADDRESS				5.3 STREET ADDRESS	255 S.W. 9 st # 2		
CITY-ST-ZIP				5.4 CITY-ST-ZIP	MIAMI FL 33130		
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  4-16-97

CR2E037 (9/96)