


FILE NOW: FILING FEE IS \$61.25

FILED

Aug 24 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

N93000001577

1. Corporation Name

Iglesia Evangelica Principe de Paz, Inc.

Principal Place of Business

Mailing Address

729 S.W. 8 ST.
MIAMI, FLORIDA 33130

3. Date Incorporated or Qualified

April 8, 1993

4. FEI Number

949121994

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 729 S.W. 8 ST

20 5105 S.W. 95 ave

5. Certificate of Status Desired

☐ \$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐ \$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☒ No

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Alfonso Jesus Perez

82 Street Address (P.O. Box Number is Not Acceptable)

5105 S.W. 95 ave

83

84 City

Cooper City

FL

85 Zip Code

33328

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 re-stating)

DATE

8-11-98

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	LUIS MANUEL Romero	
STREET ADDRESS	8127 15th AVE #204	
CITY-ST-ZIP	Hyattsville MD 20783-3541	

TITLE	VP Vice President	<input type="checkbox"/> DELETE
NAME	Alfonso J. Perez	
STREET ADDRESS	5105 S.W. 95 ave	
CITY-ST-ZIP	Cooper City, FL 33328	

TITLE	Treasurer	<input checked="" type="checkbox"/> DELETE
NAME	Angel Garcia	
STREET ADDRESS	14520 Harris Place	
CITY-ST-ZIP	Miami Lakes, Florida 33014	

TITLE	Secretary	<input checked="" type="checkbox"/> DELETE
NAME	Nancy Perez	
STREET ADDRESS	5105 S.W. 95 ave	
CITY-ST-ZIP	Cooper City, FL 33328	

TITLE	T	<input type="checkbox"/> DELETE
NAME	Joshebed Garcia Cano	
STREET ADDRESS	14520 HARRIS Place	
CITY-ST-ZIP	MIAMI, LAKES, FLORIDA 33014	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	NANCY PEREZ	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		5105 S.W. 95 ave	
1.3 STREET ADDRESS		Cooper City, Florida 33328	
1.4 CITY-ST-ZIP			

2.1 TITLE	T	ANGEL GARCIA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		14520 Harris Place	
2.3 STREET ADDRESS		MIAMI, LAKES FL 33014	
2.4 CITY-ST-ZIP			

3.1 TITLE	T	Humberto Hernandez	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		730 EAST 84th ST	
3.3 STREET ADDRESS		Hialeah, Florida 33013	
3.4 CITY-ST-ZIP			

4.1 TITLE	S	Secretary	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		Glenda Echeverria	
4.3 STREET ADDRESS		316 NW 61 ave	
4.4 CITY-ST-ZIP		Miami, FL 33126	

5.1 TITLE		600002624136	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		-08/25/98--01010--037	
5.3 STREET ADDRESS		***61.25	
5.4 CITY-ST-ZIP			

6.1 TITLE			<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

07-22-98 1-954-752-8611

CR2E037 (10/97)