

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N93000002264 (0)

1. Corporation Name
IGLESIA CATOLICA APOSTOLICA AMERICANA INC.



Principal Place of Business 701 E 4 AVENUE HIALEAH FL 33010	Mailing Address 701 E 4 AVENUE HIALEAH FL 33010
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
	Country 30

3. Date Incorporated or Qualified 05/18/1993	3a. Date of Last Report 05/01/1995
4. FEI Number 65-0412378	Applied For <input type="checkbox"/> 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARTINEZ, OCTAVIO MOTTE R
701 E 4 AVENUE
HIALEAH FL 33010**

10. Name and Address of New Registered Agent

81 Name **Fray Rafael Orta**
 82 Street Address (P.O. Box Number is Not Acceptable)
**701 E 4 AVENUE
HIALEAH, FLORIDA 33010**
 84 City **HIALEAH** FL 85 Zip Code **33010**

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 *Fray Rafael Orta* DATE **6/8/96**
Signature, typed or printed name of registered agent and agent if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PO	NAME MELO, MONS JOSE C	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS ZOQUIPA Y CUCURPE COL DEL PARQUE BALBUENA COD 15980 MEXICO DF	<input type="checkbox"/> DELETE	1.2 NAME	
CITY-ST-ZIP		1.3 STREET ADDRESS	
TITLE VP	NAME BARAJAS, MONS. JOSE R	1.4 CITY-ST-ZIP	
STREET ADDRESS ZOQUIPA Y CUCURPE COL DEL PARQUE BALBUENA COD 15980 MEXICO DF	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		2.2 NAME	
TITLE I	NAME MARTINEZ, FR.TARCISIO A	2.3 STREET ADDRESS	
STREET ADDRESS ZOQUIPA Y CUCURPE COL DEL PARQUE BALBUENA COD 15980 MEXICO DF	<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE DS	NAME ORTA, FRAY R	3.2 NAME	
STREET ADDRESS 701 E 4 AVENUE HIALEAH FL 33010	<input type="checkbox"/> DELETE	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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 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: *Fray Rafael Orta* DATE **6/8/96** 305 887-9517
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CPRE037 (3/96)