


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
701 E 4 AVENUE HIALEAH FL 33010  
701 E 4 AVENUE HIALEAH FL 33010

3. Date Incorporated or Qualified  
05/18/1993

4. FEI Number  
65-0412378

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

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 25 29 30

9. Name and Address of Current Registered Agent  
ORTA, FRAY RAFAEL  
701 E 4TH AVENUE  
HIALEAH FL 33010

10. Name and Address of New Registered Agent

81 Name CAMARGO MELO JOSE

82 Street Address (P.O. Box Number is Not Acceptable)  
701 E 4TH AVENUE

83

84 City HIALEAH, FL 33010 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 *J. Munn* DATE 1/8/98

12. OFFICERS AND DIRECTORS

|                |                                  |                                 |
|----------------|----------------------------------|---------------------------------|
| TITLE          | PD                               | <input type="checkbox"/> DELETE |
| NAME           | MELO, MONS JOSE C                |                                 |
| STREET ADDRESS | ZOQUIPA Y CUCURPE COL DEL PARQUE |                                 |
| CITY-ST-ZIP    | BALBUENA COD 15960 MEXICO DF     |                                 |
| TITLE          | VP                               | <input type="checkbox"/> DELETE |
| NAME           | BARAJAS, MONS. JOSE R            |                                 |
| STREET ADDRESS | ZOQUIPA Y CUCURPE COL DEL PARQUE |                                 |
| CITY-ST-ZIP    | BALBUENA COD 15960 MEXICO DF     |                                 |
| TITLE          | T                                | <input type="checkbox"/> DELETE |
| NAME           | MARTINEZ, FR.TARCISIO A          |                                 |
| STREET ADDRESS | ZOQUIPA Y CUCURPE COL DEL PARQUE |                                 |
| CITY-ST-ZIP    | BALBUENA COD 15960 MEXICO DF     |                                 |
| TITLE          | DS                               | <input type="checkbox"/> DELETE |
| NAME           | ORTA, FRAY R                     |                                 |
| STREET ADDRESS | 701 E 4 AVENUE                   |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33010                 |                                 |
| TITLE          | AS                               | <input type="checkbox"/> DELETE |
| NAME           | OCTAVIO, MOTTE F                 |                                 |
| STREET ADDRESS | 701 E 4 AVENUE                   |                                 |
| CITY-ST-ZIP    | HIALEAH FL 33010                 |                                 |
| TITLE          |                                  | <input type="checkbox"/> DELETE |
| NAME           |                                  |                                 |
| STREET ADDRESS |                                  |                                 |
| CITY-ST-ZIP    |                                  |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | 700002412877  |
| 6.3 STREET ADDRESS | -01/27/98--01033--007   |
| 6.4 CITY-ST-ZIP    | ***61.25  |

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: *J. Munn*

CR2E037 (10/97)

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**DOCUMENT # N93000002264 (0)**

**IGLESIA CATOLICA APOSTOLICA AMERICANA INC.**



|   |   |
|---|---|
| Principal Place of Business<br><b>701 E 4 AVENUE<br/>HIALEAH FL 33010</b> | Mailing Address<br><b>701 E 4 AVENUE<br/>HIALEAH FL 33010</b> |
|---|---|

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>05/18/1993</b>  |  |
| 4. FEI Number<br><b>65-0412378</b>  | Applied For<br><input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>   |  |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>  |  |
| 7. Is this nonprofit corporation a homeowners association?<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                       |  |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

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

**9. Name and Address of Current Registered Agent**

**ORTA, FRAY RAFAEL  
701 E 4TH AVENUE  
HIALEAH FL 33010**

**10. Name and Address of New Registered Agent**

|  |
|--|
| 81 Name<br><b>CAMARGO MELO JOSE</b>  |
| 82 Street Address (P.O. Box Number is Not Acceptable)<br><b>701 E 4TH AVENUE</b> |
| 83   |
| 84 City<br><b>HIALEAH, FL 33010</b>  |
| 85 Zip Code<br><b>33010</b>  |

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 *J. M. M...* DATE **1/8/98**

**12. OFFICERS AND DIRECTORS**

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| NAME           | MARTINEZ, FR. TARCISIO A         |                                 |
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| CITY-ST-ZIP    | HIALEAH FL 33010                 |                                 |
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| CITY-ST-ZIP    |                                  |                                 |

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| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           | <b>700002412877</b>   |
| 6.3 STREET ADDRESS | <b>-01/27/98--01033--007</b>                                      |
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