

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

DOCUMENT # N93000002538 (7)
1. Corporation Name
IGLESIA PENTECOSTAL UNIDA, INCORPORATED

1995 APR 27 AM 8:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business Mailing Address
985 S.W. 67TH AVENUE 985 S.W. 67TH AVENUE
MIAMI FL 33144 MIAMI FL 33144

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/10/1991** 3a. Date of Last Report **04/07/1994**
4. FEI Number **65-0273861** 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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75** Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes 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 28 Zip Country 29 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GUTIERREZ, RUDY
3821 S.W. 99TH AVENUE
UNIT 2
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name **Jarquin, Victor**
82 Street Address (P.O. Box Number is Not Acceptable) **10505 SW. 6 Street.**
83
84 City **Miami** FL 85 Zip Code **33174**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 duties of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-5-95**
(NOTE: Registered Agent signature required when consulting)

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	GUTIERREZ, RUDY
STREET ADDRESS	3821 S.W. 99TH AVENUE, UNIT 2
CITY - ST - ZIP	MIAMI FL 33165
TITLE	D
NAME	GUTIERREZ, ANY
STREET ADDRESS	3821 S.W. 99TH AVENUE, UNIT 2
CITY - ST - ZIP	MIAMI FL 33165
TITLE	SD
NAME	ABREU, DAISY
STREET ADDRESS	1157 WEST 42ND STREET
CITY - ST - ZIP	HIALEAH FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	Jarquin, Victor	
13 STREET ADDRESS	10505 SW. 6 Street.	
14 CITY - ST - ZIP	Miami, Fl. 33174	
21 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	Jarquin, Angela	
23 STREET ADDRESS	10605 SW. 6 Street.	
24 CITY - ST - ZIP	Miami, Fl. 33174	
31 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	ABREU, Daisy	
33 STREET ADDRESS	1157 West 42nd Street.	
34 CITY - ST - ZIP	Hialeah, Fl.	
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS	500001470575	
44 CITY - ST - ZIP	-05/02/95--01064--002	
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS	*****77.50 *****77.50	
54 CITY - ST - ZIP		
61 TITLE	SD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	Y-27	
63 STREET ADDRESS		
64 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 817, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with this report.

SIGNATURE: *[Signature]* **Jarquin, Victor** DATE: **4-5-95** TIME: **227-6730**
(Type Name)