

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION  
ANNUAL REPORT  
**1996**



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

**DOCUMENT # N93000002538 (7)**

1. Corporation Name  
**IGLESIA PENTECOSTAL UNIDA, INCORPORATED**



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

3. Date Incorporated or Qualified: **06/10/1991**  
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	<b>65-0273861</b>	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired	<b>\$8.75 Additional Fee Required</b>
22	27	<input checked="" type="checkbox"/>	
City & State	City & State	6. Election Campaign Financing	<b>\$5.00 May Be Added to Fees</b>
23	28	Trust Fund Contribution	<input type="checkbox"/>
Zip	Country	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
24	25	29	30

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

**JARQUIN, VICTOR**  
**10505 S.W. 6TH ST.**  
**MIAMI FL 33174**

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

81 Name	<b>Rodolfo Gutierrez</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>3821 S.W. 99th Ave</b>
83	<b>Unit #2</b>
84 City	<b>MIAMI, FL</b>
85 Zip Code	<b>FL 33165</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: *Rodolfo Gutierrez* **Rodolfo Gutierrez President 1/14/96**  
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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARQUIN, VICTOR</b>	1.2 NAME <b>Rodolfo R. Gutierrez</b>
STREET ADDRESS	<b>10505 S.W. 6TH ST.</b>	1.3 STREET ADDRESS <b>3821 S.W. 99th Ave #2</b>
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	1.4 CITY-ST-ZIP <b>MIAMI, FL 33165</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JARQUIN, ANGELA</b>	2.2 NAME <b>Daisy Abreu</b>
STREET ADDRESS	<b>10505 S.W. 6TH ST.</b>	2.3 STREET ADDRESS <b>1157 W. 42nd Street</b>
CITY-ST-ZIP	<b>MIAMI FL 33174</b>	2.4 CITY-ST-ZIP <b>Hialeah, FL 33012</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>SD</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ABREU, DAISY</b>	3.2 NAME <b>Berlis Esther Garcia</b>
STREET ADDRESS	<b>1157 WEST 42ND STREET</b>	3.3 STREET ADDRESS <b>9089 NW-113 St Hialeah FL 33016</b>
CITY-ST-ZIP	<b>HIALEAH FL</b>	3.4 CITY-ST-ZIP <b>FL 33016</b>
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME <b>Sony Viloria</b>
STREET ADDRESS		4.3 STREET ADDRESS <b>7351 S.W. 16th St</b>
CITY-ST-ZIP		4.4 CITY-ST-ZIP <b>MIAMI, FL 33144</b>
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE <b>D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME <b>Joel Viloria</b>
STREET ADDRESS		5.3 STREET ADDRESS <b>7351 S.W. 16th St</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP <b>MIAMI, FL 33144</b>
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME <b>200001744072</b>
STREET ADDRESS		6.3 STREET ADDRESS <b>-03/15/96--01020--004</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>****70.00</b>

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: *Rodolfo Gutierrez* **Rodolfo Gutierrez 1/14/96 305-594-0735**  
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Day Daytime Phone #

CR2E037 (12/95)

3/14/96

PS