

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business Mailing Address
985 S.W. 67TH AVENUE MIAMI FL 33144
985 S.W. 67TH AVENUE MIAMI FL 33144-4713

3. Date Incorporated or Qualified 06/10/1991
3a. Date of Last Report 03/14/1996
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
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 Country 28 Zip Country
24 25 29 30

9. Name and Address of Current Registered Agent
GUTIERREZ, RODOLFO
3821 SW 99TH AVENUE
UNIT #2
MIAMI FL 33165

10. Name and Address of New Registered Agent
81 Name GUTIERREZ Rodolfo
82 Street Address (P.O. Box Number is Not Acceptable) 5161 S.W. 142 CT
83
84 City MIAMI FL 85 Zip Code 33175

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 1/2/98
Signature typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	GUTIERREZ, RODOLFO	
STREET ADDRESS	3821 SW 99TH AVENUE #2	
CITY-ST-ZIP	MIAMI FL 33165	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ABREU, DAISY	
STREET ADDRESS	1157 W. 42ND STREET	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BELKIS, ESTHER GARCIA	
STREET ADDRESS	9089 NW 113 STREET	
CITY-ST-ZIP	HIALEAH FL 33016	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILORIA, SONY	
STREET ADDRESS	7351 SW 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILORIA, JOEL	
STREET ADDRESS	7351 SW 16TH STREET	
CITY-ST-ZIP	MIAMI FL 33144	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GUTIERREZ Rodolfo	
1.3 STREET ADDRESS	5161 S.W. 142 CT	
1.4 CITY-ST-ZIP	MIAMI, FL 33175	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Felix Abreu	
2.3 STREET ADDRESS	1157 W. 42 ST	
2.4 CITY-ST-ZIP	HIALEAH, FL 33012	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	ANY Gutierrez	
3.3 STREET ADDRESS	5161 S.W. 142 CT	
3.4 CITY-ST-ZIP	MIAMI, FL 33175	
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		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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: *Rodolfo Gutierrez* Rodolfo Gutierrez 1/2/97 805-594-0735
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0030258

CR2E037 (9/96)