


FILE NOW: FILING FEE IS \$61.25

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Feb 04 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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3. Date Incorporated or Qualified 06/10/1991	Applied For Not Applicable
4. FEI Number 65-0273861	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <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	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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9. Name and Address of Current Registered Agent

GUITERREZ, RODOLFO
5161 SW 142 COURT
MIAMI FL 33175

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **FL** 85 Zip Code

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 _____ DATE **1/5/98**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, RODOLFO	
STREET ADDRESS	5161 SW 142 CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	ABREU, DAISY	
STREET ADDRESS	1157 W. 42ND STREET	
CITY - ST - ZIP	HIALEAH FL 33012	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	BELKIS, ESTHER GARCIA	
STREET ADDRESS	9089 NW 113 STREET	
CITY - ST - ZIP	HIALEAH FL 33016	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABREU, FELIX	
STREET ADDRESS	1157 WEST 42ND STREET	
CITY - ST - ZIP	HIALEAH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GUTIERREZ, ANY	
STREET ADDRESS	5161 SW 142 COURT	
CITY - ST - ZIP	MIAMI FLORIDA	
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	SD ANA BRACHO
3.3 STREET ADDRESS	1322 W. 42 PLACE
3.4 CITY - ST - ZIP	HIALEAH, FL 33012
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 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: _____ DATE **1/5/98** PHONE # **305-594-0735**

CR2E037 (10/97)