


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90070 034 \*\*\*\*70.00

0031354

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
---	---	--

**DOCUMENT # N93000002538**

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
---	---



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/10/1991
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0273861
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GUTIERREZ, RODOLFO 5161 SW 142 COURT MIAMI FL 33175		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 \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, RODOLFO	1.2 NAME	
STREET ADDRESS	5161 SW 142 CT	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33175	1.4 CITY-ST-ZIP	
TITLE	VP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, DAISY	2.2 NAME	
STREET ADDRESS	1157 W. 42ND STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRACHO, ANA	3.2 NAME	
STREET ADDRESS	1322 W 42 PLACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL 33012	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ABREU, FELIX	4.2 NAME	
STREET ADDRESS	1157 WEST 42ND STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GUTIERREZ, ANY	5.2 NAME	
STREET ADDRESS	5161 SW 142 COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FLORIDA 33175	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED Rodolfo Gutierrez 1/11/99 305-221-0796  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)