

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
 AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Aug 04 1998 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # N93000003696 (2)

1. Corporation Name

IGLESIA CRISTIANA INTERNACIONAL JESUCRISTO ES EL SENOR, INC.



Principal Place of Business

Mailing Address

1324 ANDERSON ST
 DELTONA FL 32725
 US

1075 E. GAUCHO CIRCLE
 DELTONA FL 32725

3. Date Incorporated or Qualified

08/12/1993

4. FEI Number

59-3195995

Applied For

Not Applicable

2. Principal Place of Business

21 1075 E. GAUCHO CIR.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

City & State

23 DELTONA, Florida

City & State

28 City & State

Zip

24 32725

Country

25 Volusia

Zip

29

Country

30

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. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

Yes No

9. Name and Address of Current Registered Agent

PUIG, MIGUEL
 1324 ANDERSON ST
 DELTONA FL 32725

10. Name and Address of New Registered Agent

81 Name PUIG, MIGUEL
 82 Street Address (P.O. Box Number is Not Acceptable) 1075 E. GAUCHO CIR.
 83
 84 City DELTONA FL 85 Zip Code 32725

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

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 PD DELETE
 NAME PUIG, MIGUEL
 STREET ADDRESS 1324 ANDERSON ST
 CITY-ST-ZIP DELTONA FL

TITLE VPD DELETE
 NAME ROJAS, EDUARDO A
 STREET ADDRESS 580 LITTLE RIVER LOOP APT 288
 CITY-ST-ZIP ALTAMONTE SPRINGS FL

TITLE SD DELETE
 NAME CASIANO, NORMAN
 STREET ADDRESS 1620 BRADY DR.
 CITY-ST-ZIP DELTONA FL 32725

TITLE TD DELETE
 NAME GARNICA, FRANK
 STREET ADDRESS 1800 MERRICK DR.
 CITY-ST-ZIP DELTONA FL 32738

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE VPD Change Addition
 2.2 NAME ANTONIA A. PUIG
 2.3 STREET ADDRESS 1075 E. GAUCHO CIR.
 2.4 CITY-ST-ZIP DELTONA, Florida 32725

3.1 TITLE SD Change Addition
 3.2 NAME NORMA ERIC EILETS
 3.3 STREET ADDRESS 1075 E. GAUCHO CIR.
 3.4 CITY-ST-ZIP DELTONA, Florida 32725

4.1 TITLE TD Change Addition
 4.2 NAME ANTONIA A. PUIG
 4.3 STREET ADDRESS 1075 E. GAUCHO CIR.
 4.4 CITY-ST-ZIP DELTONA, Florida 32725

5.1 TITLE Change Addition
 5.2 NAME 300002608443
 5.3 STREET ADDRESS -08/05/98-01099-025
 5.4 CITY-ST-ZIP ***61.25

6.1 TITLE Change Addition
 6.2 NAME 300002608443
 6.3 STREET ADDRESS -08/05/98-01099-026
 6.4 CITY-ST-ZIP ***8.75

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: Miguel Puig

7/17/98

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/98)