FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jan 23, 1999 8:00am
Secretary of State

01-23-1999 90045 023 *****70.00

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1. Corporation Name
IGLESIA CRISTIANA PRIMITIVA "PUERTA DE SALVACION " CORP.

Principal Place of Business
857 PALM AVENUE
HIALEAH FL 33012
US

Mailing Address
10090 N.W. 80 COURT
#1304 BLDG. 8
HIALEAH FL 33016
US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 08/30/1993
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0433303 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent
CEDRE, RAQUEL
1540 NE 171 ST
N MIAMI BCH FL 33162

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 _____
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	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	BARROCAS, JOSE	1.2 NAME	
STREET ADDRESS	10090 N.W. 80 CT. #1304 BLDG 8	1.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	1.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BARROCAS, JEMIMAH	2.2 NAME	
STREET ADDRESS	10090 N.W. 80 CT. #1304 BLDG 8	2.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	2.4 CITY-ST-ZIP	
TITLE	SD ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	HERNANDEZ, CEICILIA M	3.2 NAME	
STREET ADDRESS	1200 E. 3 AVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HIALEAH GARDENS FL 33010	3.4. CITY-ST-ZIP	
TITLE	TD ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	VICHOT, DOLORES	4.2 NAME	
STREET ADDRESS	640 MILLER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SPRINGS FL 33166	4.4 CITY-ST-ZIP	
TITLE	D ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	CARRION, WILLIAM	5.2 NAME	
STREET ADDRESS	12789 S.W. 280 ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	NARANJA FL 33032	5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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 is accompanied with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED JOSE BARROCAS 1/7/99 305 826 7913
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)