


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
 Sep 02 1997 8:00am
 Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005415 (5)
 1. Corporation Name
IGLESIA PENTECOSTAL ANTIOQUIA INC.



Principal Place of Business 1764 W. FLAGLER STREET MIAMI FL 33135	Mailing Address 1764 W. FLAGLER STREET MIAMI FL 33135
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 12/01/1993	3a. Date of Last Report 07/08/1996
4. FEI Number 65-0443426	Applied For <input type="checkbox"/> Not Applicable
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
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 1764 W. FLAGLER ST, MIAMI, FL 33135	2a. Mailing Address 26 1764 W. FLAGLER ST MIAMI, FL 33135
Suite, Apt. #, etc. 22 1764	Suite, Apt. #, etc. 27 1764
City & State 23 MIAMI, FL	City & State 28 MIAMI, FL
Zip 24 33135	Country 25 DADE
Country 29 33135	Zip 30 DADE

9. Name and Address of Current Registered Agent
**SANCHEZ, MARGARITA A
 412 N.W. 23 CT.
 MIAMI FL 33125**

10. Name and Address of New Registered Agent
 81 Name **Romana Nieves**
 82 Street Address (P.O. Box Number is Not Acceptable)
621 NW. 23 CT. APT#2
 83
 84 City **MIAMI, FL** 85 Zip Code **33125**

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 *Romana Nieves* DATE **8-11-97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	SANCHEZ, MARGARITA	
STREET ADDRESS	412 N.W. 23RD COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	TO	<input type="checkbox"/> DELETE
NAME	HERRERA, LUIS	
STREET ADDRESS	148 N.W. 28TH STREET	
CITY-ST-ZIP	MIAMI FL 33127	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SANCHEZ, JUAN	
STREET ADDRESS	412 N.W. 23RD COURT	
CITY-ST-ZIP	MIAMI FL 33125	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	SANCHEZ, MARGARITA	
1.3 STREET ADDRESS	7530 JOHNSON ST	
1.4 CITY-ST-ZIP	HOLYWOOD, FL 33024	
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	ROMANA NIEVES SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	621 N.W. 23 CT APT#2	
3.4 CITY-ST-ZIP	MIAMI, FL, 33125	
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.

Romana Nieves

CR2E037 (4/97)