

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N94000000422 (5)

1. Corporation Name
IGLESIA PENTECOSTAL MISION DE LOS 70'S, INC.



Principal Place of Business: 1284 NW 119 ST. MIAMI FL 33167
Mailing Address: 1284 NW 119 ST. MIAMI FL 33167

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report: 07/10/1995

2. Principal Place of Business: 21
2a. Mailing Address: 26 1284 N.W. 119 ST.

4. FEI Number: 65-0461125
Applied For: Not Applicable

Suite, Apt. #, etc.: 22
27

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 MIAMI, FLORIDA
28

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip: 24 33167
Country: 25
Zip: 29 33167
Country: 30 DADE

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
**HERNANDEZ, GERARDO
1284 NW 119 ST.
MIAMI FL 33167**

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP HERNANDEZ, GERARDO	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1284 NW 119 ST.	1.2 NAME	
STREET ADDRESS	MIAMI FL 33167	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	DVP HERNANDEZ, VIRGINIA	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1284 NW 119 ST.	2.2 NAME	
STREET ADDRESS	MIAMI FL 33167	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	DST CONTRERAS, ESTEBAN	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1284 NW 119 ST.	3.2 NAME	
STREET ADDRESS	MIAMI FL 33167	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Gerardo Hernandez* 1/29/96 305-688-8252 (DAYTIME)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)