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).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Jul 22 1998 8:00am
Secretary of State

DOCUMENT # N94000000666 (7)

1. Corporation Name

IGLESIA CASA DE FE DE MIAMI BEACH, INC.

Principal Place of Business	Mailing Address
13105 N.E. 13TH AVENUE NORTH MIAMI FL 33161	13105 NE 13TH AVE APT. 4 N MIAMI FL 33161 US

3. Date Incorporated or Qualified: 02/03/1994
4. FEI Number: 65-0468990 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21: 850 Ives Dairy Rd.	26: 1245 Dove Avenue
Suite, Apt. #, etc. 22: T-6 to B	Suite, Apt. #, etc. 27:
City & State 23: Miami, FL	City & State 28: Miami Springs, FL
Zip 24: 33179 Country 25: Dade	Zip 29: 33166 Country 30: Dade

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	10. Name and Address of New Registered Agent
BANOS, FREDDY 1219 MARSEILLES DR #6 MIAMI BCH FL 33141	81 Name: Jose Guillermo Velazquez 82 Street Address (P.O. Box Number is Not Acceptable): 1245 Dove Avenue 83 84 City: Miami Springs FL 85 Zip Code: 33166

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: _____ Jose Guillermo Velazquez, President 7/12/98
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 / NAME / STREET ADDRESS / CITY-ST-ZIP	PD BANOS, FREDDY 1219 MARSEILLES DR #6 MIAMI BEACH FL	☑ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	PD Jose Guillermo Velazquez 1245 Dove Avenue Miami Springs, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD JIMENEZ, BANNY H 1219 MARSEILLES DR #6 MIAMI BEACH FL	☑ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VD Sarita R. Velazquez 1245 Dove Avenue Miami Springs, FL 33166	☐ Change ☑ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S MELENDEZ, MIRNALIZ 1219 MARSEILLES DR #6 MIAMI BEACH FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S Melendez, Mirnaliz 1410 NE 132 Road North Miami, FL 33161	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D BANOS, FEDERICO L 13105 NE 13TH AVE NORTH MIAMI FL	☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D KOSHO, GEORGE 1219 MARSEILLES DR #6 MIAMI BEACH FL	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	KOSHO, GEORE 720 SW 5th Court Hallandale, FL 33009	☑ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (5/98)

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: _____ Jose Guillermo Velazquez 7/12/98 (305) 885-1525
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #