FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **N9400000666**

IGLESIA CASA DE FE DE MIAMI BEACH, INC.

								•			
Principal Place of Business			Mailing Address								
850 IVES DAIRY RD			1245 DOVE AVENUE				I ARRICAN DIR IRIKI RERI ARKIN DENIN DENIN BERIN DENIN BERIN DENIN BERIN DANIN BERIN DANIN BERIN DENIN BERIN B				
T-6-8			APT. 4				1				
MIAMI FL 33179			MIAMI SPRINGS FL 33166					i s eather did id ter aig tí d a ith d a ith deile deile agus		Brita Attı (AB)	
US		US	5						•		
		1 372						Date Incorporated or Qualifed			1
2. Principal Place of Business			2a. Mailing Address					02/03/1994			
21			Suite, Apt. #, etc.					4. FEI Number Applied For			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				"	65-0468990	\vdash	ot Applicable	
City & Chata			27 City & State					· /		Additional	- ا
City & State			28 Miami Springs, FL				5. Certificate of Status Desired Fee Required				
Zip Country			Zin Country				6. Election Campaign Financing S5.00 May Be				
<u> </u>	25 29 33166 30 U				USA			Trust Fund Contribution		to Fees	
24	9. Name and Address of Current Registered Agent					10. Name and Address of New Registered					
	Italia and Addices of Content				81	Name					
	E3 100E 01811ED140				_						┨
VELAZQUEZ, JOSE GUILLERMO			82 Street Ad				Address (I	ddress (P.O. Box Number is Not Acceptable)			
1245 DOVE AVENUE											1
MIAMISPI	RINGS FL 33166								·-		Ì
	0			1	84	City		FL	85 Zip	Code	
11. Pursuant	to the provisions of Sections 617.0502	and 6	17.1508. Florida Statutes	the at	ove-	named c	corporatio	on submits this statement for the purpose of	changing it	s registered	
office or r	egistered agent, of both, in the State of	Florid	la. Such change was auth	norized	by t	he corpor	ration's b	board of directors. I hereby accept the appoi	ntment as r	egistered	
agent. i a	m familiar with and accept the obligation		SE GUILLERN		165.	N2A	121	on ain + OH	16/99		1
SIGNATURE	Signature, typed of pullified name of pagistered agent a						quired when	1103(00)] {
12.	OFFICERS AND			13.				ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECT	ORS IN 12]
TITLE	PD (☐ DELETE	1.1 TIT	LE		•		Change	Addition	;
NAME .	VELAZQUEZ, JOSE GUILLERMO				1.2 NAME				;		1
STREET ADDRESS	1245 DOVE AVENUE				1.3 STREET ADDRESS				-,·		ĺ
CITY-ST-ZIP	MIAMI SPRINGS FL 33166				1.4 CITY-ST-ZIP] {
TITLE	VD		☐ DELETE	2.1 TIT	LĘ		VDT		Change		۱ ٔ
NAME	VELAZQUEZ, SARITA R			2.2 NA	ME		VEL	AZQUEZ, SARITA R.	٠.		
STREET ADDRESS	1245 DOVE AVENUE			2.3 STI	REET	ADDRESS	124	AZQUEZ SARITA R.	_		
CITY-ST-ZIP	MIAMI SPRINGS FL 33166			2. 4 CT	TY-ST	-ZIP	MIA	MI SPRINGS FL 331	06		<u>-</u>
TITLE	S		☐ DELETE	3.1 TIT	LE				Change	Addition	
NAME	MELENDEZ, MIRNALIZ			3.2 NA	ME						
STREET ADDRESS	1410 N E 132ND ROAD			3.3 ST	REET	ADDRESS		•			1
C/TY-ST-Z/P	NORTH MIAMI FL 33161			3.4. CI	TY-ST	-ZIP			•		1
TITLE	D		☐ DELETE	4.1 TIT	LE				☐ Change	☐ Addition	1
NAME	BANOS, FEDERICO L			4. 2 NA	ME	- 1			•		
STREET ADDRESS	13105 NE 13TH AVE			4.3 ST	REET	ADDRESS			•		
CITY-ST-ZIP	NORTH MIAMIFL 33161	١		4.4 CIT	Y-ST	ZIP					1
TITLE	D		DELETE	5.1 TIT			D		☐ Change	Addition	1
NAME	KOSHO, GEORGE			5.2 NA	ME		GON	ZALEZ, MIGUEL A.	'		
						ADDRESS	77.1	I NW 5+h STREET			1

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 armus 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 receiptor 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 attacking in the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiptor 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 attacking it is a supplemental armus and it is a supplemental armus armus and it is a supplemental armus and it is a supplemental armus and it is a supplemental armus armus and it is a supplemental armus and it is a supplemental armus a

6.4 CITY-ST-ZIP

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

πLE

NAME

720 S W 5TH COURT

HALLANDALE FL 33009

33024

☐ Change

Addition

PEMBRORE PINES, FL

FILED

03-01-1999 90033 043 ****70.00

Mar 01, 1999 8:00 am § Secretary of State