## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1996

SIGNATURE:



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

## DOCUMENT # N9400001675 (7)

IGLESIA AMOR DIVINO, ASAMBLEAS DE DIOS, INC.							
Principal Place	of Business	Mailing Address	,			<b>B</b> BHR BANN BANKI MANA BUNG	
7910 N.W. 103RD STREET 1810 S.W 99TH AVE HIALEAH GARDENS FL MIRAMAR FL 33025 US							
		US			<ol><li>Date Incorporated or Qualified</li></ol>	3a. Date of Last	,
				· .	04/05/1994	05/01/19	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number 65~05	, -	Applied For	
Suite, Apt. :	# etc	Suite, Apt. #, etc.		APPLIED FOR		Not Applicable  Additional	
22	., 0,0.	27		<ol><li>Certificate of Status Desired</li></ol>	1 1	Required	
City & State	3	City & State		6. Election Campaign Financing	\$5.0	O May Be	
23	<u> </u>	28			Trust Fund Contribution		d to Fees
_ Zip	Country	Zip	Country	/	8. This corporation has liability for		199.032,
24	25 9. Name and Address of Curr	29	30			Yes No	
	g, Name and Address of Curi	ent negistered Agent	81	Name	10. Name and Address of New F	legistered Agent	
445445							
	A, LUIS REV.		82	Street A	Address (P.O. Box Number is Not Acceptate	ole)	
	V. 99TH AVENUE		83				
MIRAMAR FL 33025							
,			84	City		FL 85 Zip	n Code
11. Pursuant t or register familiar wit	to the provisions of Sections 617.05 ed agent, or both, in the State of Fi th, and accept the obligations of, Se	02 and 617.1508, Florida Statu orida. Such change was authori ection 617.0503, Florida Statute	is co		rporation submits this statement for the pu board of directors. I hereby accept the app		
SIGNATURE _	Signature, band or printed name of registered as	euce-	TASTOK	<u> </u>	VIRECTOIX quired when reinstating:	5 - 10 - 7	6
12.		AND DIRECTORS	13.	ili adrigidire re	ADDITIONS/CHANGES 10 OF F		
TITLE	PD	DELETE			7,000,110,100,00,101,100,00,100,011	Change	Addition
NAME	MIRANDA, LUIS		1.2 NAME			_	<b>C</b>
STREET ADDRESS	1810 S.W. 99TH AVENUE		1.3 STREET ADDRESS				
CITY-ST-ZIP	MIRAMAR FL 33025		1.4 CHY-	ST- <b>Z</b> IP			
TITLE	<b>VD ₩</b> DELETE		21 TITLE		VD	Change	☐ Addition
NAME	MENA, ROGER		2 2 NAME	l	MIRANDA NORMA R.		
STREET ADDRESS	3200 N.W. 79TH STREET		2 3 STREET ADDRESS		1810 SW 99 AVE	6 13 Jm	
CITY-ST-ZIP	MIAMI FL 33147		2 4 C/TY-	ST-71P	MIRAMAR FL 330		
NAME .	S DELETE		3 1 THILE 3 2 NAME			Change	Addition
STREET ADDRESS	BUENO, MARIA 2769 W. 71ST TERRACE			I ADDRESS			
CITY-ST-ZIP	HIALEAH FL		3 4. CHTY-	i			
TITLE	T	DELETE	4.1 TITLE	<u></u> "		☐ Change	Addition
NAME	PACHECO, RAUEL		4. 2 NAME				
STREET ADDRESS	2736 N.W. 4TH TERRACE		4 3 STREE	1 ADDRESS			
CITY - ST - ZIP	MIAMI FL.		4.4 CITY-	ST-ZIP			
TITLE		DELETE	5 1 TITLE			☐ Change	Addition
NAME			5 2 NAMÉ		70000186 -06/12/96011	5U3B1	
STREET ADDRESS				r address		.11022	
CITY-ST-ZIP TITLE		DELETE	5 4 CITY -: 6 1 TITLE	S1 - Z-P	***61.25	Change	Addition
NAME			62 NAME				L Addition
STREET ADORESS				T ADDRESS			<b>"</b> /
CITY - ST - ZIP			6.4 CITY-:	- 1			1/2 32
14. I do hereb	y certify that the information supplie	ed with this filing is voluntarily fur	mished and doe	s not qua	lify for the exemption stated in Section 119	.07(3)(k), Florida Statut	tes. I further
certify that oath; that appears in	it the information indicated on this aid I am an officer or director of the con Block 12 or Block 13 if changed	nnual report or supplemental an paration or the receiver or trust or on an attachment with an ack	ee empowered dress.	to executi	curate and that my signature shall have the ethis report as required by Chapter 617, FI	lorida Statutes; and tha	at my name

LUIS M. MIRANDA

MAN JULY SULLANDE (LV/5)

BEGINATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR