

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT



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

FILED
Jun 15, 2004 8:00 am
Secretary of State

06-15-2004 90002 024 ****70.00

DOCUMENT # **N94000001675 (7)**

1. Corporation Name

IGLESIA AMOR DIVINO, ASAMBLEAS DE DIOS, INC.



5/01/2003

Principal Place of Business

Mailing Address

~~7910 N.W. 103RD STREET~~
~~HIALEAH GARDENS FL~~

~~1810 S.W. 99TH AVE~~
~~MIRAMAR FL 33025~~

8010 NW 103 ST

US 7864 NW 192 ST

HIALEAH GARDENS FL 33016

HIALEAH, FL 33015

2. Principal Place of Business

2a. Mailing Address

21 8010 NW 103 ST

26 7864 NW 192 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27 HIALEAH, FL.

City & State

City & State

23 HIALEAH, FL

28

Zip

Country

Zip

Country

24 33016

25 USA

29 33016

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MIRANDA, LUIS REV.

1810 S.W. 99TH AVENUE

MIRAMAR FL 33025

7864 NW 192 ST.

HIALEAH, FL.

33015

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD ☐ DELETE
NAME	MIRANDA, LUIS
STREET ADDRESS	1810 S.W. 99TH AVENUE
CITY - ST - ZIP	MIRAMAR FL 33025
TITLE	VD ☒ DELETE
NAME	MENA, ROGER
STREET ADDRESS	3200 N.W. 79TH STREET
CITY - ST - ZIP	MIAMI FL 33147
TITLE	S ☒ DELETE
NAME	BUENO, MARIA
STREET ADDRESS	2769 W. 71ST TERRACE
CITY - ST - ZIP	HIALEAH FL
TITLE	T ☒ DELETE
NAME	PACHECO, RAUEL
STREET ADDRESS	2736 N.W. 4TH TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☒ Change ☐ Addition
2.2 NAME	NORMA R. MIRANDA
2.3 STREET ADDRESS	7864 NW 192 ST
2.4 CITY - ST - ZIP	HIALEAH FL 33015
3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	S. MARIA COPEZ
3.3 STREET ADDRESS	18011 NW 41 PL
3.4 CITY - ST - ZIP	OPA-LOCKA FL 33055
4.1 TITLE	☒ Change ☐ Addition
4.2 NAME	T. JOSE MARQUEZ
4.3 STREET ADDRESS	12714 SW 49 PL.
4.4 CITY - ST - ZIP	MIRAMAR, FL 33027
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0005730

CR2E037 (3/96)



Attachment 54057477
#N/94000001675

IGLESIA AMOR DIVINO

8010 NW 103rd Street • Hialeah Gardens, FL 33016 • 305-821-2667

PO Box 172101 • Hialeah, FL 33017

Luis & Norma Miranda
Pastores

Hialeah. June 6th-2004

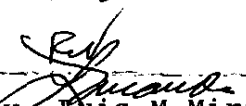
DIVISION OF CORPORATION
ANNUAL REPORT SECTION
P.O. BOX 1500
TALLAHASSEE, FL. 32302-1500

Dear Sir:

we misplace the renewal form for this year 2004 of our
poration, I called and I left message but no any answer
I had received. I found and old form and I filled with
the information updated.

Enclose is a check in the amount of \$ 70.00 to be sent me a
certificate of status. If needed any extra information or
payment let me Know it.

Thanking in advance for your attention to this letter.


Rev. Luis M. Miranda
Pastor

Phone (305) 829-8869
Fax (305) 829-6409

7864 N.W. 192 St.
Hialeah, Fl. 33015