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

~~1996~~ 2004

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.

Principal Place of Business	Mailing Address
~~7910 N.W. 103RD STREET~~ ~~HIALEAH GARDENS FL~~ 8010 NW 103 ST HIALEAH GARDENS FL 33016	~~1810 S.W 99TH AVE~~ ~~MIRAMAR FL 33025~~ US 7864 NW 192 ST HIALEAH, FL 33015

5/01/2003

3. Date Incorporated or Qualified: 04/05/1994	3a. Date of Last Report: ~~05/01/1995~~
4. FEI Number: 65-05-484-03	☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐	$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐	$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 8010 NW 103 ST	26 7864 NW 192 ST
Suite, Apt. #, etc.: 22	Suite, Apt. #, etc.: 27 HIALEAH, FL.
City & State: 23 HIALEAH, FL	City & State: 28
Zip: 24 33016 Country: 25 USA	Zip: 29 33016 Country: 30 USA

9. Name and Address of Current Registered Agent

~~MIRANDA, LUIS REV.~~
~~1810 S.W. 99TH AVENUE~~
~~MIRAMAR FL 33025~~
7864 NW 192 ST
HIALEAH, FL.
33015

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD MIRANDA, LUIS ~~1810 S.W. 99TH AVENUE~~ ~~MIRAMAR FL 33025~~ 7864 NW 192 ST HIALEAH, FL 33015 ☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD MENA, ROGER 3200 N.W. 79TH STREET MIAMI FL 33147 ☒ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	NORMA R. MIRANDA 7864 NW 192 ST HIALEAH FL 33015 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	S BUENO, MARIA 2769 W. 71ST TERRACE HIALEAH FL ☒ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	S. MARIA LOPEZ 18011 NW 41 PL OPA-LOCKA FL 33055 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T PACHECO, RAUEL 2736 N.W. 4TH TERRACE MIAMI FL ☒ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	T. JOSE MARQUEZ 12714 SW 49 PL. MIRAMAR, FL 33027 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ 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 (3/96)

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: Rev. SIGNATURE REQUIRED MIRANDA JUNE 6th (305) 829-8869
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0005730

Attachment 05574??

#N94000001675

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