FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION
ANNUAL REPORT
1995

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

APPROVED
AND
FILED

95 MAY -1 PM 4:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001720 (1)

1. Corporation Name

IGLESIA EVANGELICA PIEDRA ANGULAR, INC.

100001491251
-05/17/95--01091--003
*****68.75 *****68.75
DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
6491 W 2NDE AVE HIALEAH FL 33004 33012	6491 W 2NDE AVE HIALEAH FL 33004 33012

3. Date Incorporated or Qualified: 04/01/1994
3a. Date of Last Report: 3/14/1995

4. FEI Number: APPLY FOR -65-0566945 ☐ 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

7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☒ **$68.75** Supplemental Fee Not Required

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 CHURCH	26 SAME AS ABOVE
Suite, Apt. #, etc. 22 SAME	Suite, Apt. #, etc. 27 SAME
City & State 23 HIALEAH	City & State 28 FLORIDA
Zip / Country 24 330[illegible] / 25 DADE	Zip / Country 29 / 30

9. Name and Address of Current Registered Agent

PALACIOS, MIRIAM
820 W 79 PLACE
HIALEAH FL 33014

10. Name and Address of New Registered Agent

81 Name: Palacio Miriam
82 Street Address (P.O. Box Number is Not Acceptable): 818 West 79 Place
83: HIALEAH FLORIDA 33014
84 City: FLORIDA 33014 85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	
TITLE	D = President
NAME	PALACIOS, MIRIAM
STREET ADDRESS	820 W 79 PLACE
CITY-ST-ZIP	HIALEAH FL 33014
TITLE	Device Director=Vice President
NAME	Miguel A SARLI
STREET ADDRESS	3340 NW 1ST
CITY-ST-ZIP	Miami, FL. 33125
TITLE	T=SECRETARY-Treasure
NAME	CARMEN BUGOS
STREET ADDRESS	3565 W 2Ave Hialeah 33012
CITY-ST-ZIP	FLA
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	☐ Change ☐ Addition
12 NAME	100001491251
13 STREET ADDRESS	-05/17/95--01091--004
14 CITY-ST-ZIP	*****1.25 *****1.25
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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)(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: Miriam Palacios 03/14/1995
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date

President: Miriam Palacios
Daytime Phone #

0037488