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NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000001720 (1)

1. Corporation Name

IGLESIA EVANGELICA PIEDRA ANGULAR, INC.



Principal Place of Business

Mailing Address

6491 W 2ND AVE
HIALEAH FL 33012

6491 W 2ND AVE
HIALEAH FL 33012

3. Date Incorporated or Qualified

04/01/1994

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**PALACIOS, MIRIAM
818 WEST 79 PLACE
HIALEAH FL 33014**

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 *Miriam Palacios*
Signature, typed or printed name of registered agent and title if applicable

MIRIAM PALACIOS

2-09-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **DP**
STREET ADDRESS **PALACIOS, MIRIAM**
CITY-ST-ZIP **820 W 79 PLACE**
HIALEAH FL 33014

TITLE ☐ DELETE
NAME **DV**
STREET ADDRESS **GARCIA, MIGUEL A**
CITY-ST-ZIP **2340 NW 1 ST**
MIAMI FL 33125

TITLE ☐ DELETE
NAME **TS**
STREET ADDRESS **BUGOS, CARMEN**
CITY-ST-ZIP **3565 W 2 AVE**
HIALEAH FL 33012

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **DP**
1.3 STREET ADDRESS **PALACIOS, MIRIAM**
1.4 CITY-ST-ZIP **818 WEST 79TH PLACE**
HIALEAH, FL. 33014

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME **TS**
3.3 STREET ADDRESS **BURGOS, CARMEN**
3.4 CITY-ST-ZIP **3561 WEST SECOND AVENUE**
HIALEAH, FL. 33012

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **M**
4.3 STREET ADDRESS **GARMENDIA, GENARO**
4.4 CITY-ST-ZIP **6325 N.W. 180TH TERRACE**
MIAMI, FL. 33015-4454

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: *Miriam Palacios*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
MIRIAM PALACIOS

2-09-96

Date

(305) 822-5970

Daytime Phone #

CR2E037 (12/95)