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Feb 27, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002137

1. Corporation Name
IGLESIA BAUTISTA "SION" INC.

Principal Place of Business 378 WESTWARD DR. MIAMI SPRINGS FL 33166 US	Mailing Address 150 W 53 ST HIALEAH FL 33012
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2. Principal Place of Business 21 Suite, Apt. #, etc.	2a. Mailing Address 26 241 Morningside Drive	3. Date Incorporated or Qualified 04/29/1994
22 City & State	27 City & State Miami Springs, Fl	4. FEI Number 65-0491261
23 Zip Country	28 Zip Country	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 33166	30 U.S.A.
9. Name and Address of Current Registered Agent		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

MEDINA, MAURICIO R
150 W 53 ST
HIALEAH FL 33012

10. Name and Address of New Registered Agent

81 Name
LUGO, ABILIO J.

82 Street Address (P.O. Box Number is Not Acceptable)
~~241~~ Morningside Drive

83

84 City
Miami Springs FL 85 Zip Code
33166

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]* DATE **1-27-99**

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

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MESA, ERNESTINA	
STREET ADDRESS	150 W 53 ST	
CITY-ST-ZIP	HIALEAH FL 33012	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	PEREZ, LAZARO D	
STREET ADDRESS	2190 W #21101	
CITY-ST-ZIP	HIALEAH GARDENS FL 33016	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAMIREZ, MIRIAM	
STREET ADDRESS	2384 NW 30 ST	
CITY-ST-ZIP	MIAMI FL 33142	
TITLE	D	<input type="checkbox"/> DELETE
NAME	NUNEZ, HERMINO	
STREET ADDRESS	133 W 9 ST APT 2	
CITY-ST-ZIP	HIALEAH FL 33010	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	TORNA, ESTHER M.	
1.3 STREET ADDRESS	241 Morningside Drive	
1.4 CITY-ST-ZIP	Miami Springs, Florida 33166	
2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Jerez, Roberto	
2.3 STREET ADDRESS	326 W. 12 Street	
2.4 CITY-ST-ZIP	Hialeah, Florida 33010	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: *[Signature]* PDEsther M. Torna Jan. 27, 1999 (305)885-9686

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)