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NONPROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # N9400002725 (9)

1. Corporation Name

IGLESI	A BAUTISTA SHALOM, IN					
Principal Place	e of Business	Mailing Addre	SS		a cadatrian mid iftite Elibet Attite Affatt	amira marer maren bilkir andrin 1400) mira samt
6790 S.W. 56 MIAMI FL 33		P.O. BOX 558 MIAMI FL 332				
					3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report 06/21/1995
21	tace of Business	2a. Mailing Ad 26	dress		4. FEI Number 65-0522488	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
Zip			Co	untry	Trust Fund Contribution 8. This corporation has liability for it	Added to Fees
24	25	29	30			Trangible tax under s. 199.032,
	9. Name and Address of Cur	rent Registered Agen			10. Name and Address of New R	
				81 Name	· Au Opca	
MILLAN,				82 Street Add	DAN UBED dress (P.O. Box Number) is Not-Acceptate	e)
6790 S.W. 56 ST.				/333	as S.W. & L	~ /•
MIAMI F	L 33155			83		
				84 City	ami	FL 85 3 50984
11. Pursuant	to the provisions of Sections 617.05	02 and 617.1508, Flor	ida Statutes, the ab	ove-named corpo	oration submits this statement for the purp and of directors. I hereby accept the appo	oose of changing its registered office
familiar w	ith, and accept the obligations of, Se	ection 617.0503, Florid	a Statutes.	corporation's bo	ard or directors. Thereby accept the appo	intment as registered agent. I am
SIGNATURE						
40	Signature, typed or printed name of registered ag			d Agent signature requir		DATE
12.	OFFICERS A	AND DIRECTORS	13. ELETE 1.1.1		ADDITIONS/CHANGES TO OFFI	/
NAME	MILLAN, OBED			TILE 2	Marie de Marie	Change Addition
STREET ADDRESS	13325 SW 8 LN.			IAME STREET ADDRESS	3335 X W 8 20	NE
CITY - ST - ZIP	MIAMI FL 33125				Wilson Fl 38	1211
TITLE	D		ELETE 2.1.1	CITY-ST-ZIP	1) (1, 33	Change Addition
NAME	VALDES, EMIGDIO O			IAME 1	VALDES, EMIGDIO	2
STREET ADDRESS	7161 SW 14 ST			TREET ADDRESS	7/6/5 W. 14 STA	SET
CITY-ST-ZIP	MIAMI FL				MAMI FL 33	244
TITLE	D	p	LETE 317		33,	Change Addition
NAME	REYES, JUSTO		3.2 M	IAME		
STREET ADDRESS	4411 SW 102 PL.		3.3 \$	TREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33165		34.1	CITY-ST-ZIP		
TrTLF	D	□ 0	LETE 4.1 T	ITLE)	Change Addition
NAM'E	ROBERTS, MARIA		4.21	NAME /	0 01 1	
STREET ADDRESS				TAME -	COBSRT, MARIA	
	1710 SW 98TH AVE		4.3 \$	TREET ADDRESS	710 5. W. 98 A.	vc.
CITY-SI-ZIP	MIAMI FL		4.4.0	TREET ADDRESS	1105.W. 98 A. 1105.W. 98 A.	65
TITLE	MIAMI FL D	D	•	ITREET ADDRESS HTY-ST-ZIP HTLE	ROBERT, MARIA 1710 5. W. 98 A. Miami, fl, 331	Change Addition
TITLE NAME	MIAMI FL D DIAZ, HORTENSIA	D	4.4.0 ELETE 5.1.7	TREET ADDRESS CITY-SI-ZIP ITLE IAME	1710 5. W. 98 A. Miami, fl 331	Change Addition
TITLE NAME STREET ADORESS	MIAMI FL D DIAZ, HORTENSIA 6820 SW 14 STREET	D	4.4 C LETE 5.1 T 5.2 M	IILE	1710 5. W. 98 A. Miami, fl, 331	Change Addition
TITLE NAME STREET ADORESS CITY-ST-ZIP	MIAMI FL D DIAZ, HORTENSIA 6820 SW 14 STREET MIAMI FL 33144		44.0 ELETE 51.7 52.N 53.5 54.0	ITLE IAME TREET ADDRESS	1105.W. 98 A. Miami, fl, 331	Change Addition
TITLE NAME STREET ADORESS CITY - ST- ZIP TITLE	MIAMI FL D DIAZ, HORTENSIA 6820 SW 14 STREET MIAMI FL 33144 D		446 ELETE 517 52 h 53 S 54 C ELETE 617	ITLE IAME ITREET ADDRESS ITTY-ST-ZIP ITLE	1105.W. 98 A. Miami, FL 331	Change Addition
TITLE NAME STREEL ADDRESS CITY-ST-ZIP TITLE NAME	MIAMI FL D DIAZ, HORTENSIA 6820 SW 14 STREET MIAMI FL 33144 D HERNANDEZ, ADAIL		446 ELETE 517 52 M 53 S 54 C ELETE 617 62 M	ITLE IAME ITREET ADDRESS BITY-ST-ZIP ITLE	1105.W. 98 A. Miami, FL 331	Change Addition
TITLE NAME STREET ADORESS CITY - ST- ZIP TITLE	MIAMI FL D DIAZ, HORTENSIA 6820 SW 14 STREET MIAMI FL 33144 D		446 ELETE 5.17 5.2 h 5.3 s 5.4 c ELETE 6.17 6.2 h 6.3 s	ITLE IAME ITREET ADDRESS ITTY-ST-ZIP ITLE	1105.W. 98 A. Miami, FL 331	Change Addition

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 13 if changed, or on an attachment with an address.

SIGNATURE: Delle REV. DBED MILLARD SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

TEB 24 1996 (305) 667-5757