

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 11 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N94000002725 (9)
1. Corporation Name
IGLESIA BAUTISTA SHALOM, INC.



Principal Place of Business: 6780 S.W. 56 ST. MIAMI FL 33155
Mailing Address: P.O. BOX 558185 MIAMI FL 33255-8185

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/13/1994	3a. Date of Last Report 03/01/1996
21		26		4. FEI Number 65-0522488	Applied For Not Applicable
22. Suite, Apt. #, etc.		27. Suite, Apt. #, etc.		5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23. City & State		28. City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24. Zip	25. Country	29. Zip	30. Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
MILLAN, OBED
13325 SW 8TH LN
MIAMI FL 33184

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLAN, OBED	1.2 NAME	
STREET ADDRESS	13325 SW 8 LN.	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VALDES, EMIGDIO O	2.2 NAME	
STREET ADDRESS	7161 SW 14 ST	2.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	2.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REYES, JUSTO	3.2 NAME	
STREET ADDRESS	4411 SW 102 PL.	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33165	3.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBERTS, MARIA	4.2 NAME	
STREET ADDRESS	1710 SW 98TH AVE	4.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	4.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DIAZ, HORTENSIA	5.2 NAME	
STREET ADDRESS	6820 SW 14 STREET	5.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33144	5.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HERNANDEZ, ADAIL	6.2 NAME	D BENITEZ, JAVIER
STREET ADDRESS	4110 SW 69TH AVE	6.3 STREET ADDRESS	520 N.W. 31 Ave.
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	MIAMI FL 33125

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(5)(g), 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: *[Signature]* OBEDIEN MILLAN 3/31/97 (305) 223-4491
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone 0034033

CR2E037 (9/96)