

FILE NOW: FILING FEE IS \$61.25

FILED  
Mar 26 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
-------------------------------------------------------	-----------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------

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



Principal Place of Business <b>6790 S.W. 56 ST. MIAMI FL 33155</b>	Mailing Address <b>P.O. BOX 558185 MIAMI FL 33255</b>
---------------------------------------------------------------------------	--------------------------------------------------------------

3. Date Incorporated or Qualified <b>06/13/1994</b>	Applied For Not Applicable
4. FEI Number <b>65-0522488</b>	Applied For Not Applicable

2. Principal Place of Business 21 <b>860 S.W. 76 COURT</b> Suite, Apt. #, etc.	2a. Mailing Address 27 Suite, Apt. #, etc.
23 <b>MIAMI, FL</b> City & State	28 City & State
24 <b>33144</b> Zip 25 <b>DADE</b> Country	29 Zip 30 Country

5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input 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 FL
86 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	<b>D</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLAN, OBED</b>	1.2 NAME	
STREET ADDRESS	<b>13325 SW 8 LN.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VALDES, EMIGDIO O</b>	2.2 NAME	
STREET ADDRESS	<b>7161 SW 14 ST</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>REYES, JUSTO</b>	3.2 NAME	<b>BENITEZ JAVIER</b>
STREET ADDRESS	<b>4411 SW 102 PL.</b>	3.3 STREET ADDRESS	<b>6625 S.W. 113 AVE.</b>
CITY-ST-ZIP	<b>MIAMI FL 33165</b>	3.4 CITY-ST-ZIP	<b>MIAMI, FL, 33173</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROBERTS, MARIA</b>	4.2 NAME	
STREET ADDRESS	<b>1710 SW 98TH AVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>DIAZ, HORTENSIA</b>	5.2 NAME	<b>DIOSMEDES COLLADO</b>
STREET ADDRESS	<b>6820 SW 14 STREET</b>	5.3 STREET ADDRESS	<b>2303 N.W. 32 STREET</b>
CITY-ST-ZIP	<b>MIAMI FL 33144</b>	5.4 CITY-ST-ZIP	<b>MIAMI, FL, 33142</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HERNANDEZ, ADAIL</b>	6.2 NAME	
STREET ADDRESS	<b>4110 SW 69TH AVE</b>	6.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIAMI FL</b>	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.

SIGNATURE: *[Signature]* **REV. OBED MILLAN 3/12/98 (305)262-8222**

CR2E037 (10/97)