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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # N94000002852 (1)

1. Corporation Name

IGLESIA PENTECOSTAL EL NUEVO PACTO, INC.

Principal Place of Business

2424 SW 101 COURT  
MIAMI FL 33165

Mailing Address

2424 SW 101 COURT  
MIAMI FL 33165



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip  
24 Country  
25  
26 Suite, Apt. #, etc.  
27 City & State  
28 Zip  
29 Country  
30

9. Name and Address of Current Registered Agent

MONTANEZ, RAFAEL A  
2424 SW 101 COURT  
MIAMI FL 33165

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME MONTANEZ, RAFAEL A  
STREET ADDRESS 2424 SW 101 COURT  
CITY-ST-ZIP MIAMI FL 33165  
[ ] DELETE  
TITLE TD  
NAME VELAZQUEZ, TONY  
STREET ADDRESS 6329 SW 39 STREET  
CITY-ST-ZIP MIAMI FL 33155  
[ ] DELETE  
TITLE TD  
NAME BATISTA, RAFAEL  
STREET ADDRESS 9565 SW 24 STREET APT H-207  
CITY-ST-ZIP MIAMI FL 33165  
[ ] DELETE  
TITLE [ ] DELETE  
NAME [ ]  
STREET ADDRESS [ ]  
CITY-ST-ZIP [ ]  
TITLE [ ] DELETE  
NAME [ ]  
STREET ADDRESS [ ]  
CITY-ST-ZIP [ ]  
TITLE [ ] DELETE  
NAME [ ]  
STREET ADDRESS [ ]  
CITY-ST-ZIP [ ]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME SD  
12 NAME NORA EXPOSITO  
13 STREET ADDRESS 9821 SW 145 AVE.  
14 CITY-ST-ZIP MIAMI, FL 33186  
[ ] Change [ ] Addition  
21 NAME [ ] Change [ ] Addition  
22 NAME [ ] Change [ ] Addition  
23 STREET ADDRESS [ ] Change [ ] Addition  
24 CITY-ST-ZIP [ ] Change [ ] Addition  
31 NAME [ ] Change [ ] Addition  
32 NAME [ ] Change [ ] Addition  
33 STREET ADDRESS [ ] Change [ ] Addition  
34 CITY-ST-ZIP [ ] Change [ ] Addition  
41 NAME [ ] Change [ ] Addition  
42 NAME [ ] Change [ ] Addition  
43 STREET ADDRESS [ ] Change [ ] Addition  
44 CITY-ST-ZIP [ ] Change [ ] Addition  
51 NAME 200001823482  
52 NAME -05/15/96--01141--002  
53 STREET ADDRESS \*\*\*75.00  
54 CITY-ST-ZIP [ ] Change [ ] Addition  
61 NAME [ ] Change [ ] Addition  
62 NAME [ ] Change [ ] Addition  
63 STREET ADDRESS [ ] Change [ ] Addition  
64 CITY-ST-ZIP [ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-96  
Date

(301) 649-6682  
Daytime Phone #

CR2E037 (12/95)