

FILED
Aug 30, 1999 8:00 am
Secretary of State

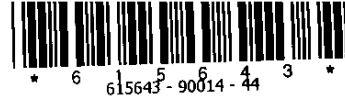
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NONPROFIT CORPORATION ANNUAL REPORT .1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N94000002852
 1. Corporation Name
 Inglesia Pentecostal EL Nuevo Pacto, Inc.



Principal Place of Business Mailing Address
 9850 S.W. 24 Street 9872 S.W. 145 Place
 Miami, FL. 33165 Miami, FL. 33186

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	June 9, 1994	
22. City & State		27. City & State		4. FEI Number	
				65-0498160	
23. Zip		28. Zip		5. Certificate of Status Desired	
				*x \$8.75 Additional Fee Required	
24. Country		29. Country		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				10. Name and Address of New Registered Agent			
Rafael A. Montanez 9850 S.W. 145 Place Miami, FL. 33186				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	President	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Rafael A. Montanez			1.2 NAME			
STREET ADDRESS	9872 S.W. 145 Place			1.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL. 33186			1.4 CITY-ST-ZIP			
TITLE	Secretary	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Nonita Garcia			2.2 NAME			
STREET ADDRESS	9821 S.W. 145 Place			2.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL. 33186			2.4 CITY-ST-ZIP			
TITLE	Treasurer	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME	Rafael Batista			3.2 NAME			
STREET ADDRESS	8005 N.W. 8 Street			3.3 STREET ADDRESS			
CITY-ST-ZIP	Miami, FL. 33126			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 this 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. An on an attachment with an address, with all other like empowered.

SIGNATURE: *Rafael A. Montanez* (Rafael A. Montanez) 8/19/99 (305) 631-2885
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/198)