

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **N94000004305 (8)**

1. Corporation Name

**IGLESIA BAUTISTA HISPANA CORAL GABLES, INC.**

MAY 1 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
3220 SW 25 STREET MIAMI FL 33133	3220 SW 25 STREET MIAMI FL 33133

3. Date Incorporated or Qualified <b>08/30/1994</b>	3a. Date of Last Report
4. FEI Number <b>650520206</b>	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip	Country
24	25
Zip	Country
29	30

5. Certificate of Status Desired	<input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status	<input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199(7)(2) Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SANTANA, F M**  
**3220 SW 25 STREET**  
**MIAMI FL 33133**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
FL
85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

\*SIGNATURE *[Signature]* N/A DATE \_\_\_\_\_  
Signature, last name or printed name of registered agent (not file if applicable) (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	ROJAS, JUAN
STREET ADDRESS	3220 SW 25 STREET
CITY - ST - ZIP	MIAMI FL 33133
TITLE	VD
NAME	ROJAS, DANIEL J
STREET ADDRESS	3220 SW 25 STREET
CITY - ST - ZIP	MIAMI FL 33133
TITLE	D
NAME	VALDES, AUTHUR M
STREET ADDRESS	9463 SW 5 LANE
CITY - ST - ZIP	MIAMI FL 33374
TITLE	D
NAME	ROJAS, JUAN E
STREET ADDRESS	3220 SW 25 STREET
CITY - ST - ZIP	MIAMI FL 33133
TITLE	D
NAME	MEDINA, ELIAS E
STREET ADDRESS	1700 NE159 STREET
CITY - ST - ZIP	N MIAMI FL 33182
TITLE	S
NAME	VALDES, ZAIDA R
STREET ADDRESS	3220 SW 25 STREET
CITY - ST - ZIP	MIAMI FL 33133

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	463 SW 5 LANE
6.4 CITY - ST - ZIP	MIAMI FL 33174

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(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 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE: *[Signature]* DATE: **4/15/95** (305) 488-9070  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR