FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1997

MIAMI FL

CITY-ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

Mar 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400004305 (8)

IGLESIA BAUTISTA HISPANA CORAL GABLES, INC

MILLON	A BAOTIOTA HISI ANA CO	TIAL GABLES, INC.			
Principal Place	e of Business	Mailing Address		- 1 IS DIBAGE OID SOILE EIEIT OBIIT DOITE	00111 00111 00111 01111 0111 0111 0111
3220 SW 25 STREET 3220 SW 25 STREET MIAMI FL 33133 MIAMI FL 33133-2016					
				3. Date Incorporated or Qualified 08/30/1994	3a. Date of Last Report 02/19/1996
2. Principal Place of Business 2a 21 26		2a. Mailing Address		4. FEI Number 65-0520206	Applied For Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	\		\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip	Country	28	Country	This corporation has liability for	
24	25	<u>⊢</u>	30		Yes No
	9. Name and Address of Curre			10. Name and Address of New Ro	egistered Agent
			81 Name S	untana, FM	
SANTANA, F M			82 Street Addre	ess (P.O. Box Number is Not Accepta	ble)
3220 SW 25 STREET			83	SW 84 Street	, Unit G
miami fi	L 33133		63		
			84 City	à mì	FL 85 Zip Code 3
11. Pursuant t	to the provisions of Sections 617.05	02 and 617.1508, Florida Statute	es, the above-named corp	oration submits this statement for the	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.					
SIGNATURE _	Musica	Sarton			
	Signature, typed or printed name of registered ac	/	Registered Agent signature require		DATE
12.	PD OFFICERS AF	ND DIRPCTORS	13.	ADDITIONS/CHANGES TO OFFI	CERS AND DIRECTORS IN 12 Change Addition
NAME	ROJAS, JUAN	, Control	1,2 NAME		Change Muliton
STREET ADDRESS	3220 SW 25 STREET		1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33133		1.4 CITY- ST-ZIP		
TITLE	VD	☐ DELETE	2.1 TITLE VI		Change Addition
NAME	ROJAS, DANIEL J		2.2 NAME Ze	sias, Daniel J	
STREET ADDRESS	3220 SW 25 STREET		2.3 STREET ADDRESS 17	800 SW 152 AVE	
CITY-ST-ZIP	MIAMI FL 33133			ami, FL 33187	
TITLE	D D	☐ DELETE	3.1 TITLE		Change Addition
NAME	VALDES, ARTHUR M. 9463 SW 5 LANE		3.2 NAME		
STREET ADDRESS CITY-ST-ZIP	MIAMI FL		3.3 STREET ADDRESS	•	
TITLE	TD	☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME	ROJAS, JUAN E.		4. 2 NAME		_ , _
STREET ADDRESS	3220 SW 25 STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		4.4 CITY - ST - ZIP		
TITLE	D	☐ DELETE	5.1 TITL€		☐ Change ☐ Addition
NAME	MEDINA, ELIAS JR.		5.2 NAME		
STREET ADDRESS	1700 NE159 STREET		5.3 STREET ADDRESS		
CITY-ST-ZIP	N MIAMI BCH FL	DELETE	5.4 CITY - ST - ZIP		Chorse I dell'
TITLE	s Valdes, zaida r	☐ DELETE	6.1 TITLE		Change Addition
NAME	VALUES, ZAIDA K		6.2 NAME		

14. I do 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 reviewer 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, of on an attachment with an address.