

FILE NOW: FILING FEE IS \$61.25

FILED

Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000006276 (9)
1. Corporation Name
ASAMBLEA EVANGELICA DE HOMESTEAD, INC.



Principal Place of Business 945 NE 12 STREET HOMESTEAD FL 33030	Mailing Address 945 NE 12 STREET HOMESTEAD FL 33030-4887
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3. Date Incorporated or Qualified 12/22/1994	3a. Date of Last Report 05/30/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip	29 Zip
25 Country	30 Country

4. FEI Number 65-0547169	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election: Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

ESCARRAMAN, FRANCISCO
945 NE 12 STREET
HOMESTEAD FL 33030

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 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 617.0603, Florida Statutes.

SIGNATURE _____ (Signature, typed or printed name of registered agent and title (Applicable) (NEED - Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	ESCARRAMAN, FRANCISCO	
STREET ADDRESS	945 NE 12 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	ALVARADO, MARCIO	
STREET ADDRESS	945 NE 12 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HERRERA, SAMUEL	
STREET ADDRESS	945 NE 12 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ESCOBAR, GABINO	
STREET ADDRESS	945 NE 12 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GALLO, BLADIMIR	
STREET ADDRESS	945 NE 12 STREET	
CITY-ST-ZIP	HOMESTEAD FL 33030	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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 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: *Bladimir Gallo* Bladimir Gallo TD 1-13-97

CR2E037 (9/96)