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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

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



3. Date Incorporated or Qualified
12/22/1994

3a. Date of Last Report
05/30/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

4. FEI Number
65-0547169

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ESCARRAMAN, FRANCISCO
945 NE 12 STREET
HOMESTEAD FL 33030

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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title (Applicable)

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME ESCARRAMAN, FRANCISCO
STREET ADDRESS 945 NE 12 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE VD
NAME ALVARADO, MARCIO
STREET ADDRESS 945 NE 12 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE VD
NAME HERRERA, SAMUEL
STREET ADDRESS 945 NE 12 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE D
NAME ESCOBAR, GABINO
STREET ADDRESS 945 NE 12 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE TD
NAME GALLO, BLADIMIR
STREET ADDRESS 945 NE 12 STREET
CITY-ST-ZIP HOMESTEAD FL 33030

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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)