

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N95000000846 (4)

1. Corporation Name
IGLESIA BAUTISTA HISPANA DE MIAMI LAKES, INC.



Principal Place of Business: **6250 MIAMI LAKES DR MIAMI LAKES FL 33014**
Mailing Address: **6250 MIAMI LAKES DR MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified: **02/20/1995**
3a. Date of Last Report

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

4. FEI Number: **65-0571395**
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
**MENDEZ, CARLOS
6250 MIAMI LAKES DR
MIAMI LAKES FL 33014**

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 617.0503, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | |
|----------------------------|--|
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MUNOZ, ERNESTO O |
| STREET ADDRESS | 8856 NW 112 ST |
| CITY-ST-ZIP | HIALEAH GARDENS FL 33016 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MENDEZ, CARLOS |
| STREET ADDRESS | 6250 MIAMI LAKES DR |
| CITY-ST-ZIP | MIAMI LAKES FL 33014 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MENDEZ, ROSARIO |
| STREET ADDRESS | 837 NW 114 ST |
| CITY-ST-ZIP | MIAMI FL 33162 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MENDEZ, ELSIE |
| STREET ADDRESS | 837 NW 114 ST |
| CITY-ST-ZIP | MIAMI FL 33162 |
| TITLE | D <input type="checkbox"/> DELETE |
| NAME | MRIANDA, ELENA V |
| STREET ADDRESS | 8284 NW 192 TERR |
| CITY-ST-ZIP | MIAMI FL 33015 |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(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 if changed, or on an attachment with an address.

SIGNATURE: **ERNESTO O. MUÑOZ - PRESIDENT** JAN. 24 1996 (305) 597-5210
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)