

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002903 (1)**

1. Corporation Name

IGLESIA EVANGELICA EN GRACIA CRISTO VIVE, INC.

Principal Place of Business

**1801 CORAL WAY
MIAMI FL 33145**

Mailing Address

**1801 CORAL WAY
MIAMI FL 33145**



2. Principal Place of Business	2a. Mailing Address
21 1030 E 8 AVE	26 P.O. BOX 4004
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23 Hialeah FL	28 MIAMI, FL
Zip	Zip
24	29 33245
Country	Country
25 USA	30 USA

3. Date Incorporated or Qualified 06/16/1995	3a. Date of Last Report N/A
4. FEI Number 65-058-8696	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" 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	
FERNANDEZ, MAGDA 2427 SW 23 ST MIAMI FL 33145	

10. Name and Address of New Registered Agent	
81 Name Roberto O. Fernandez	
82 Street Address (P.O. Box Number is Not Acceptable) 2427 SW 23 ST	
83	
84 City MIAMI	85 Zip Code 33145

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 **Roberto O. Fernandez**

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

6-11-96

DATE

12. OFFICERS AND DIRECTORS	
TITLE	<input type="checkbox"/> DELETE
NAME	D FERNANDEZ, MAGDA
STREET ADDRESS	2427 SW 23 ST
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> DELETE
NAME	D FERNANDEZ, ROBERTO O
STREET ADDRESS	2427 SW 23 ST
CITY-ST-ZIP	MIAMI FL 33145
TITLE	<input type="checkbox"/> DELETE
NAME	D CASANOVA, EDUARDO
STREET ADDRESS	13800 SW 82 ST
CITY-ST-ZIP	MIAMI FL 33183
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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: **MAGDA FERNANDEZ** **6/10/96 305 8582806**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (3/96)