

FILE NOW: FILING FEE IS \$61.25

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Apr 07 1997 8:00am
Secretary of State

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| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # N95000004081 (4)

1. Corporation Name

"ASOCIACION DE IGLESIAS Y MINISTERIOS NUEVA JERU
SALEN INCORPORATED"



Principal Place of Business

Mailing Address

5400 S.W. 122ND AVENUE
MIAMI FL 33175

5400 S.W. 122ND AVENUE
MIAMI FL 33175-5533

3. Date Incorporated or Qualified
08/24/1995

3a. Date of Last Report
04/14/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number
65-0609175

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

CELADO, MANUEL
5400 S.W. 122 AVE.
MIAMI FL 33175

81 Name
CORDONES, DEYANIRA

82 Street Address (P.O. Box Number is Not Acceptable)
5400 SW 122 Ave

83

84 City
Miami, FL

FL 85 Zip Code
33175

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

DEYANIRA CORDONES

Deyanira Cordones

3/11/97

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|----------------|-------------------------|--|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | CORDONES, RICHARD REV. | |
| STREET ADDRESS | 15101 S.W. 151ST AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | VSD | <input type="checkbox"/> DELETE |
| NAME | CORDONES, DEYANIRA | |
| STREET ADDRESS | 15101 S.W. 151ST AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33196 | |
| TITLE | TD | <input checked="" type="checkbox"/> DELETE |
| NAME | SANCHEZ, LYSSIL R | |
| STREET ADDRESS | 1378-G S.W. 84TH AVENUE | |
| CITY-ST-ZIP | MIAMI FL 33193 | |
| 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 | PTD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | |
| 1.3 STREET ADDRESS | | |
| 1.4 CITY-ST-ZIP | | |
| 2.1 TITLE | SD | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | |
| 2.3 STREET ADDRESS | | |
| 2.4 CITY-ST-ZIP | | |
| 3.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 3.2 NAME | Da Silva, Luis Rev. | |
| 3.3 STREET ADDRESS | 5400 SW 122 Ave | |
| 3.4 CITY-ST-ZIP | MIAMI, FL 33175 | |
| 4.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 4.2 NAME | SANCHEZ, Luis Rev. | |
| 4.3 STREET ADDRESS | 5400 SW 122 Ave | |
| 4.4 CITY-ST-ZIP | MIAMI, FL 33175 | |
| 5.1 TITLE | D | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 5.2 NAME | GARABOT, Julio Rev. | |
| 5.3 STREET ADDRESS | 5400 SW 122 Ave | |
| 5.4 CITY-ST-ZIP | MIAMI, FL 33175 | |
| 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:

Rev. Richard Cordones

3/11/97

305 553-1919

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0032878

CR2E037 (9/96)