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Apr 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000004559 (9)**

1. Corporation Name

IGLESIA MANANTIAL DE VIDA INC.



Principal Place of Business 31000 SW 195 AVE HOMESTEAD FL 33030	Mailing Address 31000 SW 195 AVE HOMESTEAD FL 33030
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2. Principal Place of Business 21 19593 S.W. 194TH AVE.	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 HOMESTEAD, FL.	City & State 28
Zip 24 33030	Country 25
Country 29	Zip 30

3. Date Incorporated or Qualified 09/25/1995	
4. FEI Number 65-0616141	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	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent CORDOVA, CARLOS R 31000 SW 195 AVE HOMESTEAD FL 33030	
81 Name NIEVES, JOSE A.	82 Street Address (P.O. Box Number is Not Acceptable) 19593 S.W. 194TH AVE.
83 City HOMESTEAD	84 Zip Code FL 33030

10. Name and Address of New Registered Agent	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83 City	84 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 **JOSE A. NIEVES** DATE **4-20-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PF	NAME CORDOVA, CARLOS R	11 TITLE PF	NAME NIEVES, JOSE A
STREET ADDRESS 31000 SW 195 AVE	CITY-ST-ZIP HOMESTEAD FL 33030	12 STREET ADDRESS 19593 S.W. 194TH AVE	13 CITY-ST-ZIP HOMESTEAD, FL. 33030
TITLE VD	NAME CORDOVA, TIRZA	21 TITLE VD, TD	NAME ROLDAN, BENJAMIN
STREET ADDRESS 31000 SW 195 AVE	CITY-ST-ZIP HOMESTEAD FL 33030	21 STREET ADDRESS 19593 S.W. 194TH AVE.	22 CITY-ST-ZIP HOMESTEAD, FL. 33030
TITLE SD	NAME NIEVES, JOSE A	31 TITLE SD	NAME NIEVES, ANTONIA
STREET ADDRESS 31000 SW 195 AVE	CITY-ST-ZIP HOMESTEAD FL 33030	32 STREET ADDRESS 19593 S.W. 194TH AVE.	33 CITY-ST-ZIP HOMESTEAD, FL. 33030
TITLE TD	NAME ROLDAN, BENJAMIN A	41 TITLE	NAME
STREET ADDRESS 31000 SW 195 AVE	CITY-ST-ZIP HOMESTEAD FL 33030	42 STREET ADDRESS	43 CITY-ST-ZIP
TITLE	NAME	51 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	52 STREET ADDRESS	53 CITY-ST-ZIP
TITLE	NAME	61 TITLE	NAME
STREET ADDRESS	CITY-ST-ZIP	62 STREET ADDRESS	63 CITY-ST-ZIP

14. I 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: **JOSE A. NIEVES** (305) 245-9593

CR2E037 (10/97)