


FILE NOW: FILING FEE IS \$61.25

FILED  
May 29 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N95000006056  
1. Corporation Name

IGLESIA BAUTISTA CANAAN INC.

Principal Place of Business	Mailing Address
10455 SW 27 ST. Miami, Florida 33165	10455 SW 27 ST. Miami, Florida 33165

3. Date Incorporated or Qualified <b>12-19-1995</b>	
4. FEI Number <b>65-0651066</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
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	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
29 Zip	30 Country

9. Name and Address of Current Registered Agent	
Samuel Gutierrez 10455 SW 27 ST Miami, Florida 33165	

10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	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: *Samuel Gutierrez* Director DATE: **4/29/98**

12. OFFICERS AND DIRECTORS	
TITLE	D <input type="checkbox"/> DELETE
NAME	Fletes, Alberto Jr.
STREET ADDRESS	2872 West 75 St.
CITY-ST-ZIP	Hialeah, Florida 33016
TITLE	D <input type="checkbox"/> DELETE
NAME	Sanchez, Luis A
STREET ADDRESS	2872 West 75 St.
CITY-ST-ZIP	Hialeah, Florida 33016
TITLE	D <input type="checkbox"/> DELETE
NAME	Quintana, Alvaro D
STREET ADDRESS	2130 SW 122 Avenue # 1
CITY-ST-ZIP	Miami, Florida 33175
TITLE	D <input type="checkbox"/> DELETE
NAME	Guido, Daniel
STREET ADDRESS	3730 SW 91 Avenue
CITY-ST-ZIP	Miami, Florida 33165
TITLE	D <input type="checkbox"/> DELETE
NAME	Samuel Gutierrez
STREET ADDRESS	10455 SW 27 ST
CITY-ST-ZIP	Miami, Florida 33165
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 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: *Samuel Gutierrez* Samuel Gutierrez/Director 04-29-98 (305) 553-0522

CR2E037 (10/97)