


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997  
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).**

**FILED**

**Aug 07 1997 8:00am  
Secretary of State**

<b>NONPROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000002170 (6)**  
 1. Corporation Name  
**IGLESIA DE CRISTO: LIBRES POR LA VERDAD, INC.**

Principal Place of Business <b>20151 NW 67TH AVE. MIAMI FL 33015</b>	Mailing Address <b>20151 NW 67TH AVE. MIAMI FL 33015</b>
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DO NOT WRITE IN THIS SPACE

<b>21</b> 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip	<b>22</b> 2a. Mailing Address Suite, Apt. #, etc. City & State Zip	<b>23</b> 2b. Mailing Address Suite, Apt. #, etc. City & State Zip	<b>24</b> 2c. Mailing Address Suite, Apt. #, etc. City & State Zip
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<b>3.</b> Date Incorporated or Qualified <b>04/22/1996</b>	<b>3a.</b> Date of Last Report
<b>4.</b> FEI Number <b>65-0703844</b>	Applied For Not Applicable
<b>5.</b> Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
<b>6.</b> Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
<b>8.</b> This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**FIGUEROA, EUGENIO  
1984 NW 179 AVE.  
PEMBROKE PINES FL 33029**

**10. Name and Address of New Registered Agent**

<b>81</b> Name
<b>82</b> Street Address (P.O. Box Number is Not Acceptable)
<b>83</b>
<b>84</b> City
<b>85</b> 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	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>FIGUEROA, EUGENIO</b>
STREET ADDRESS	<b>1984 NW 179 AVE.</b>
CITY-ST-ZIP	<b>PEMBROKE PINES FL 33029</b>
TITLE	<b>V</b> <input type="checkbox"/> DELETE
NAME	<b>TABRAUE, JOSE</b>
STREET ADDRESS	<b>13745 NW 1 AVE.</b>
CITY-ST-ZIP	<b>NORTH MIAMI FL 33168</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>RIVERA, HERIBERTO</b>
STREET ADDRESS	<b>20523 NW 47 AVE.</b>
CITY-ST-ZIP	<b>CORAL CITY FL 33055</b>
TITLE	<b>S</b> <input type="checkbox"/> DELETE
NAME	<b>CARRILLO, DORIS</b>
STREET ADDRESS	<b>18921 NW 77 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33015</b>
TITLE	<b>T</b> <input type="checkbox"/> DELETE
NAME	<b>PATEL, ANA L</b>
STREET ADDRESS	<b>510 NW 108 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL 33168</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>VILLAVICENCIO, ROCIO</b>
STREET ADDRESS	<b>20206 NW 52 CT.</b>
CITY-ST-ZIP	<b>MIAMI FL 33055</b>

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #**

1.1 TITLE	<b>DIRECTOR</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>MIGDALIA RODRIGUEZ</b>
1.3 STREET ADDRESS	<b>6722 NW 193LN</b>
1.4 CITY-ST-ZIP	<b>Miami, Fla 33015</b>
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	<b>900002263459</b>
6.3 STREET ADDRESS	<b>-08/11/97--01094--012</b>
6.4 CITY-ST-ZIP	<b>***61.25</b>

**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 \_\_\_\_\_

CR2E037 (4/97)