

FILE NOW: FILING FEE IS \$61.25

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May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000002228 (2)**

1. Corporation Name

IGLESIA EVANGELICA MONTE SINAI, INC.



Principal Place of Business	Mailing Address
4790 N.W. 7 STREET MIAMI FL 33126	4790 N.W. 7 STREET MIAMI FL 33126-2200

3. Date Incorporated or Qualified 04/24/1996		3a. Date of Last Report	
2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0694507	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSTRAN, JOSE A 4790 N.W. 7 STREET MIAMI FL 33126		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSTRAN, JOSE A	1.2 NAME	
STREET ADDRESS	4790 N.W. 7 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, SILVIO	2.2 NAME	
STREET ADDRESS	4790 N.W. 7 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROSTRAN, ZOBAYDA	3.2 NAME	
STREET ADDRESS	4790 N.W. 7 STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CASTILLO, ELIDA	4.2 NAME	
STREET ADDRESS	4790 N.W. 7 STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARRILLO, BALTAZAR	5.2 NAME	
STREET ADDRESS	4790 N.W. 7 STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33126	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Tore Antonio Rostran*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/25/97, (305) 774-9882
Date Daytime Phone # 0028379

CR2E037 (9/96)