

FILE NOW: FILING FEE IS \$61.25

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May 06 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N96000005403 (8)

1. Corporation Name
IGLESIA CRISTIANA DE MIRAMAR, INC.



Principal Place of Business: 895 WEST 17TH STREET HIALEAH FL 33010
Mailing Address: 695 WEST 17TH STREET HIALEAH FL 33010-2414

3. Date Incorporated or Qualified: 10/21/1996
3a. Date of Last Report

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

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BODZIN, SIDNEY M 1031 IVES DAIRY ROAD SUITE 228 MIAMI FL 33179				81	81. Name		
				82	82. Street Address (P.O. Box Number is Not Acceptable)		
				83	83. City		
				84	84. City	FL	85

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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	HERNANDEZ, FIDEL			1.2 NAME	RENELLYS PEREZ		
STREET ADDRESS	895 WEST 17TH STREET			1.3 STREET ADDRESS	695 W 17 ST		
CITY-ST-ZIP	HIALEAH FL 33010			1.4 CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	AJA, FIDEL			2.2 NAME	JUSTO JEREZ		
STREET ADDRESS	895 WEST 17TH STREET			2.3 STREET ADDRESS	695 W 17 ST		
CITY-ST-ZIP	HIALEAH FL 33010			2.4 CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	PEREZ, ANTONIO P			3.2 NAME	RAUL ARRASTIA		
STREET ADDRESS	895 WEST 17TH STREET			3.3 STREET ADDRESS	695 W 17 ST		
CITY-ST-ZIP	HIALEAH FL 33010			3.4 CITY-ST-ZIP	HIALEAH, FL 33010		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				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.

CR2E037 (9/96)