FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9600005403

Country

25

Corporation Name

IGLESIA CRISTIANA DE MIRAMAR, INC.

Principal Place of Busine
695 WEST 17TH STREET
LIMEAU EL 22010

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

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23

Zip

Mailing Address

695 WEST 17TH STREET HIALEAH FL 33010

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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FILED May 04, 1999 8:00 am Secretary of State

05-04-1999 90026 012 ****61.25



3. Date Incorporated or Qualifed

10/21/1996

4. FEI Number NOT_APPLICABLE

5. Certificate of Status Desired

6. Election Campaign Financing

Trust Fund Contribution

9. Name and Address of Current Registered Agent					10. Name and Address of New Registered	Agent		
			81	Name			1	
BODZIN, SIDNEY M				Street	Street Address (P.O. Box Number is Not Acceptable)			
1031 IVES DAIRY ROAD								
SUITE 228					• •		[
MIAMI FL 33179				City		85 Zi	ip Code	
					<u> </u>			
office or r	to the provisions of Sections 617.0502 and egistered agent, or both, in the State of Fix in familiar with, and accept the obligations	rida. Such change was autt	nonzed by	tne como	corporation submits this statement for the purpose of oration's board of directors, I hereby accept the appo	changing intment as	registered	
SIGNATURE	Signature, typed or printed name of registered agent and t	tie if applicable (NOTF: Ro	ecistered Agen	nt signature f	required when reinstating) DATE	_		
12.	OFFICERS AND DI		13.	it signature /	ADDITIONS/CHANGES TO OFFICERS A	ND DIREC	TORS IN 12	
TITLE	D .	DELETE	1,1 TITLE			Chang	ge 🔲 Addition	
NAME	PEREZ, RENELLYS		1.2 NAME				ĺ	
STREET ADDRESS	1450- 4551 050557		1.3 STREET	ADDRESS]	
CITY-ST-ZIP	HIALEAH FL		1.4 C/TY-S	T-ZIP]			
TITLE	D	☐ DELETE	2.1 TITLE			Chang	e 🗌 Addition	
NAME	MEJIA. JUAN		2.2 NAME				1	
STREET ADDRESS	695 W 17 ST		2.3 STREET	T ADDRESS			,	
CITY-ST-ZIP	HIALEAH FL 33010		2.4 CITY-S	ST-ZIP		-		
TITLE	D	DELETE	3.1 TITLE			Chang	ge 📋 Addition	
NAME	PEREZ, ANTONIO P		3.2 NAME		<u> </u>			
STREET ADDRESS	695 WEST 17TH STREET		3.3 STREET	TADDRESS				
CITY-ST-ZIP	HIALEAH FL 33010		3.4 CITY-S	ST-ZIP				
TITLE	D	☐ DELETE	4.1 TITLE			Chang	ge 🔲 Addition	
NAME	JEREZ, JUSTO		4.2 NAME					
STREET ADDRESS	695 W 17TH ST		4.3 STREET	TADDRESS				
CITY-ST-ZIP	HIALEAH FL		4.4 CITY-S	T-ZIP			<u></u>	
TITLE	D	☐ DELETE	5.1 TITLE		ļ	Chang	ge 🗌 Addition	
NAME	ARRASTIA, RAUL		5.2 NAME				J	
STREET ADDRESS	695 W 17TH ST		5.3 STREET	TADDRESS				
CITY-ST-ZIP	HIALEAH FL		5.4 CITY-S	T-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Chang	ge 🔲 Addition	
NAME, `	•	•	6.2 NAME				i	
STREET ADDRESS			6.3 STREE	TADDRESS	1			
CITY-ST-ŽIP			6.4 CITY-S					
14. I hereby	certify that the information supplied with this	s filing does not qualify for the	he exempti	ion stated	d in Section 119.07(3)(i), Florida Statutes. I further ce	rtify that th	e information	

Country

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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 informatio 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, open an attachment with an address, with all other like empowered.

SIGNATURE:

DAICHATURE REQUERES Rece

127/99

305-88E-4162

CR2E037 (11/98)

Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable