

**FILE NOW: FILING FEE IS \$61.25**

**FILED**  
**May 08 1997 8:00am**  
**Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N96000005424 (4)**  
 1. Corporation Name  
**IGLESIA BAUTISTA SILVER PALM, INC.**



Principal Place of Business <b>10520 SW 141ST AVENUE MIAMI FL 33186-3178</b>	Mailing Address <b>10520 SW 141ST AVENUE MIAMI FL 33186-3178</b>
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3. Date Incorporated or Qualified <b>10/21/1996</b>	3a. Date of Last Report
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2. Principal Place of Business <b>21 13155 SW 232 Street</b> Suite, Apt. #, etc.	2a. Mailing Address <b>26</b> Suite, Apt. #, etc.
22 City & State <b>23 Goulds, FL</b>	27 City & State
24 Zip <b>33170</b>	25 Country <b>Dade</b>

4. FEI Number <b>65-0719746</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>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**ARISTA, ABELARDO**  
**10520 SW 141ST AVENUE**  
**MIAMI FL 33186-3178**

10. Name and Address of New Registered Agent  
**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 reinstating) 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	ARISTA, ABELARDO	1.2 NAME	
STREET ADDRESS	10520 SW 141ST AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33186-3178	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POUZA, RICARDO	2.2 NAME	
STREET ADDRESS	12436 SW 203 TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177-5258	2.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARIA	3.2 NAME	
STREET ADDRESS	20311 SE 118 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33177-5258	3.4 CITY-ST-ZIP	
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACHADO, ENRIQUE	4.2 NAME	TD
STREET ADDRESS	1950 SW 61 COURT	4.3 STREET ADDRESS	ACOSTA, CLEMENTE
CITY-ST-ZIP	MIAMI FL 33155	4.4 CITY-ST-ZIP	13295 SW 200 STREET
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZO, FRANCISCO	5.2 NAME	
STREET ADDRESS	15497 SW 288 STREET APT. A207	5.3 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33030	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: ABELARDO ARISTA PRESIDENT April 21, 1997 (305) 380-7603  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0027774

CR2E037 (9/96)