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May 01, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000005424

1. Corporation Name
IGLESIA BAUTISTA SILVER PALM, INC.

Principal Place of Business 13155 S.W. 232 STREET GOULDS FL 33172 US	Mailing Address 10520 SW 141ST AVENUE MIAMI FL 33186-3178
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/21/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0719746 Applied For Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ARISTA, ABELARDO 10520 SW 141ST AVENUE MIAMI FL 33186-3178		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

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	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GARCIA, MARIA	3.2 NAME	Jose Feliciano
STREET ADDRESS	20311 SE 118 AVENUE	3.3 STREET ADDRESS	10520 SW 103 Avenue
CITY-ST-ZIP	MIAMI FL 33177-5258	3.4 CITY-ST-ZIP	Miami, FL 33176-3517
TITLE	TD <input type="checkbox"/> DELETE	4.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ACOSTA, CLEMENTE	4.2 NAME	Jesus G. Cruz
STREET ADDRESS	13295 S.W. 200 STREET	4.3 STREET ADDRESS	16424 SW 123 Avenue
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami, FL 33177
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	POZO, FRANCISCO	5.2 NAME	Flavio Gavino
STREET ADDRESS	15497 SW 288 STREET APT. A207	5.3 STREET ADDRESS	4620 SW 115 Avenue
CITY-ST-ZIP	HOMESTEAD FL 33030	5.4 CITY-ST-ZIP	Miami, FL 33165
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 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, with all other like empowered.

SIGNATURE: ABELARDO ARISTA PRESIDENT 4-25-99 305-221-7754
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)