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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 # N97000000254

1. Corporation Name

IGLESIA PRINCIPE DE PAZ LA SENDA ANTIGUA, INC.

Principal Place of Business

235 N.W. 35TH STREET
MIAMI FL 33127

Mailing Address

235 N.W. 35TH STREET
MIAMI FL 33127



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		01/16/1997	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0804821	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/>	
23		28		\$8.75 Additional Fee Required	
Zip		Zip		6. Election Campaign Financing	
24		29		Trust Fund Contribution <input type="checkbox"/>	
Country		Country		\$5.00 May Be Added to Fees	
25		30			

9. Name and Address of Current Registered Agent

RIVERA, VICTOR
1310 N.W. 132ND TERRACE
MIAMI FL 33167

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<u>President</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VEGA, ANTONIA	1.2 NAME	Vega, Antonia
STREET ADDRESS	440 E. 23 ST.	1.3 STREET ADDRESS	440 E 23rd Street
CITY-ST-ZIP	HALEAH FL 33013	1.4 CITY-ST-ZIP	Hialeah, FL 33013
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<u>SECRETARY</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, SANDRA L	2.2 NAME	Carlisle M. Rodriguez
STREET ADDRESS	11961 S.W. 175TH ST.	2.3 STREET ADDRESS	130 NE 173RD Street
CITY-ST-ZIP	MIAMI FL 33177	2.4 CITY-ST-ZIP	North Miami Beach, Florida 33162
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<u>TREASURER</u> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	RODRIGUEZ, MARTIN L	3.2 NAME	RODRIGUEZ, MARTIN L.
STREET ADDRESS	11961 S.W. 175TH ST.	3.3 STREET ADDRESS	11961 SW 175th Street
CITY-ST-ZIP	MIAMI FL 33177	3.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<u>Director</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AROCH, OLGA L	4.2 NAME	Aroch, Olga L.
STREET ADDRESS	311 N.W. 33 ST.	4.3 STREET ADDRESS	419 NW 35th Street
CITY-ST-ZIP	MIAMI FL 33127	4.4 CITY-ST-ZIP	MIAMI FL 33127
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<u>Director</u> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, OCTAVIO	5.2 NAME	CABRERA, OCTAVIO
STREET ADDRESS	235 N.W. 35TH STREET	5.3 STREET ADDRESS	786 NW 36th Street
CITY-ST-ZIP	MIAMI FL 33127	5.4 CITY-ST-ZIP	MIAMI, FL 33127
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<u>Director</u> <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CABRERA, DORA A	6.2 NAME	CABRERA, DORA
STREET ADDRESS	235 N.W. 35TH STREET	6.3 STREET ADDRESS	786 NW 36th Street
CITY-ST-ZIP	MIAMI FL 33127	6.4 CITY-ST-ZIP	MIAMI, FL 33127

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:

Carlisle M. Rodriguez
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 10th, 1999 (305) 274-1990
Date Day/Time Phone #
(305) 770-3684

0029141

CR2E037 (1/98)