

FILE NOW: FILING FEE IS \$61.25

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Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000001081 (5)

1. Corporation Name

IGLESIA CRISTIANA OASIS, INC.



Principal Place of Business 9301 COLLINS AVENUE MIAMI BEACH FL 33154	Mailing Address POST OFFICE BOX 453224 MIAMI FL 33245
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3. Date Incorporated or Qualified

02/24/1997

4. FEI Number

05-0735353

Applied For

Not Applicable

2. Principal Place of Business

21 9301 Collins Ave.

Suite, Apt. #, etc.

City & State

23 Miami Beach Florida

Zip

24 33

Country

2a. Mailing Address

26 P.O. Box 453224

Suite, Apt. #, etc.

City & State

28 Miami FL 33245

Zip

29

Country

30

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐

Yes

☐

No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SCHNEIDER, ALAN B
20803 BISCAYNE BLVD
SUITE 200
AVENTURA FL 33301

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	DPT	☐ DELETE
NAME	PINEIRA, ANDRES	
STREET ADDRESS	9301 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33154	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

TITLE	VSD	☐ DELETE
NAME	PINEIRA, MARIA T	
STREET ADDRESS	9301 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33154	

2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

TITLE	D	☒ DELETE
NAME	MORALES, MARTA LISIA	
STREET ADDRESS	9301 COLLINS AVENUE	
CITY-ST-ZIP	MIAMI BEACH FL 33154	

3.1 TITLE	☒ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	Hugo Lehus	
STREET ADDRESS	6530 W. 24 Ct	
CITY-ST-ZIP	Highland FL 33016	

4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

TITLE	D	☐ DELETE
NAME	Gaby Loreda	
STREET ADDRESS	1674 Bay Road #	
CITY-ST-ZIP	Miami Beach FL 33139	

5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE:

Andres Pineira

CR2E037 (10/97)