

DOCUMENT # N98000000737

1. Entity Name  
IGLESIA BAUTISTA EL SHADAI, INC.

Principal Place of Business      Mailing Address  
7 N.W. 109TH PLACE      7 N.W. 109TH PLACE  
MIAMI FL 33172      MIAMI FL 33172

2. Principal Place of Business      3. Mailing Address  
11365 West Flagler St      Suite, Apt. #, etc.  
Suite, Apt. #, etc.  
City & State      City & State  
MIAMI  
Zip      Country      Zip      Country  
33174      USA

FILED  
Jan 11, 2001 8:00 am  
Secretary of State  
01-11-2001 90011 044 \*\*\*\*70.00



DO NOT WRITE IN THIS SPACE

4. FEI Number      Applied For  
65-0810857      Not Applicable  
5. Certificate of Status Desired      \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent  
MONTCRIFFE, OSCAR A JR  
13471 N.W. 8TH ST  
MIAMI FL 33182

7. Name and Address of New Registered Agent  
Name  
Street Address (P.O. Box Number is Not Acceptable)  
City      FL      Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE      01-05-01  
Signature, typed or printed name of registered agent and title if applicable.      (NOTE: Registered Agent signature required when reinstating)      DATE

FILE NOW:  
FEE IS \$61.25  
9. Election Campaign Financing      \$5.00 May Be Added to Fees  
Trust Fund Contribution.      Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE	PD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ROBAINAS, MOISES		NAME		
STREET ADDRESS	11365 W. FLAGLER ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33174		CITY-ST-ZIP		
TITLE	STD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	MONTCRIFFE, OSCAR A JR		NAME		
STREET ADDRESS	7 N.W. 109TH PLACE		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33172		CITY-ST-ZIP		
TITLE	VD	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	LOPEZ, RAMIRO		NAME		
STREET ADDRESS	13471 N.W. 8TH ST		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33182		CITY-ST-ZIP		
TITLE	Official	<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME	ALBERTO PEREZ		NAME		
STREET ADDRESS	14625 SW 142 PL CIV		STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33186		CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete	TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
NAME			NAME		
STREET ADDRESS			STREET ADDRESS		
CITY-ST-ZIP			CITY-ST-ZIP		

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:      01-05-01      305-223-0436  
Signature and typed or printed name of signing officer or director      Date      Daytime Phone #

CR2E037 (10/00)