


FILED
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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 # N98000002312

1. Corporation Name
IGLESIA CASA DE LIBERACION, INC.

Principal Place of Business 2330 N.E. 2ND AVENUE MIAMI FL 33137	Mailing Address 2330 N.E. 2ND AVENUE MIAMI FL 33137
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* 558180 - 90021 - 4/

2. Principal Place of Business 21 2330 NE 2nd Avenue Sute, Apt. #, etc.	2a. Mailing Address 26 2330 NE 2nd Avenue Sute, Apt. #, etc.	3. Date Incorporated or Qualified 04/21/1998
22 City & State 23 Miami FL	27 City & State 28 Miami FL	4. FEI Number 65-0843204 Applied For Not Applicable
24 33137 25	29 33137 30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

4 CASTANE, PEDRO 7615 N.W. 2ND AVE. APT. #417 MIAMI FL 33150	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	"D" Pedro Castane <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7615 NW 2nd Avenue	1.2 NAME	
STREET ADDRESS	Miami, FL 33150	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	"D" Eusebia Castane <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7615 NW 2nd Avenue	2.2 NAME	
STREET ADDRESS	Miami, FL 33150	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	"D" Abad Acosta <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	715 NW 116 Terrace	3.2 NAME	
STREET ADDRESS	Miami, FL 33168	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	"T" Angelica S. Powell <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	1465 NW 19 Terrace # 205	4.2 NAME	
STREET ADDRESS	Miami, FL 33125	4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	"T" Francisco Rodrigos <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	545 NW 129 Street	5.2 NAME	
STREET ADDRESS	Miami, FL 331268	5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		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: _____ SIGNATURE REQUIRED *Pedro Castane* 2/12/99 751-9808
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Keynote Phone #

CR2E037 (11/98)