

FILED
Mar 01, 1999 8:00 am
Secretary of State

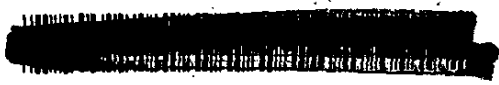
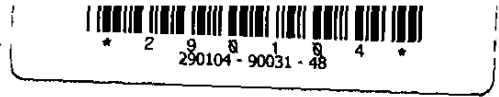
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000003320

7. Corporation Name
ASOCIACION INTERNACIONAL EVANGELICA MISIONERA PE NTECOSTAL, "VIDA ABUNDANTE", INC.

Principal Place of Business 2121 N.W. 135TH STREET, #3 MIAMI FL 33167	Mailing Address 2121 N.W. 135TH STREET, #3 MIAMI FL 33167
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/05/1998	
21		26		4. FEI Number 65-0858453	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		Applied For Not Applicable	
22		27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
PAULA, ANTERO PASTOR 2121 N.W. 135TH STREET, #3 MIAMI FL 33167				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

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: *Paula Antero Pastor* DATE: 2-1-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT-DIRECTOR <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PASTOR ANTERO PAULA	1.2 NAME	
STREET ADDRESS	2121 N.W. 135TH ST. #3	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	1.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSLENY PAULA	2.2 NAME	
STREET ADDRESS	2121 N.W. 135TH ST. #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	2.4 CITY-ST-ZIP	
TITLE	DIRECTOR <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DANIA ALMONTE	3.2 NAME	
STREET ADDRESS	2905 N.W. 55 ST	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIA, FL 33142	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
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: *Paula Antero Pastor* DATE: 2-1-99 304 541-4292

CR2E037 (1/198)