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Jul 26, 1999 8:00 am
Secretary of State

07-26-1999 90013 019 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98000005495 ✓
1. Corporation Name
IGLESIA PENTECOSTAL FUENTE DE VIDA, C.L.A. INC.

Principal Place of Business Mailing Address
5840 WASHINGTON ST. 5840 WASHINGTON ST.
HOLLYWOOD FL 33020 HOLLYWOOD FL 33020

6 8 5 4 6 6 *
605496 - 90008 - 43 6 *



21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
Suite, Apt. #, etc.	Suite, Apt. #, etc.	09/21/1998
City & State	City & State	4. FEI Number
Zip Country	Zip Country	605-0662954
		Applied For
		Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>
		\$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>
		\$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
SOTO, HECTOR L 940 N. 66 AVE. HOLLYWOOD FL 33024	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: Hector L. Soto DATE: 7-19-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SOTO, HECTOR L REV	1.2 NAME	
STREET ADDRESS	940 N. 66TH AVE.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	1.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORES, EDWIN	2.2 NAME	
STREET ADDRESS	1310 N. 69TH TERR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33024	2.4 CITY-ST-ZIP	
TITLE	DST <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LOPEZ, MIGUEL	3.2 NAME	DST RIVERS, SAMUEL D.
STREET ADDRESS	6204 DEWEY ST.	3.3 STREET ADDRESS	7231 FAIRWAY BLVD.
CITY-ST-ZIP	HOLLYWOOD FL 33024	3.4 CITY-ST-ZIP	MIRAMAR, FL 33023
TITLE	DS <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RODRIGUEZ, MARTA	4.2 NAME	DS GONZALEZ, JANE
STREET ADDRESS	2341 KINGSTON DR.	4.3 STREET ADDRESS	6321 ROSSMAN ST.
CITY-ST-ZIP	MIRAMAR FL 33023	4.4 CITY-ST-ZIP	HOLLYWOOD, FL 33025
TITLE	DSS <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DONES, ESTHER	5.2 NAME	
STREET ADDRESS	6851 S.W. 27TH ST.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL 33023	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MOLINA, CORINA	6.2 NAME	
STREET ADDRESS	5550 WASHINGTON ST.	6.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33023	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)(l), 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: Hector L. Soto DATE: 7-19-99

CR2E037 (5/99)