FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # N98000006535

IGLESIA CRISTIANA PIEDRAS VIVAS. DE MIAMI INC.

Princip	pal Plac	e of Business
11740	SW 181	STREET
LUADE	E1 004	77

2. Principal Place of Business

Suite, Apt. #, etc.

22

Mailing Address

11740 SW 181 STREET MIAMI FL 33177

2a. Mailing Address

27

Suite, Apt. #, etc.

FILED Feb 19, 1999 8:00 am § Secretary of State

02-19-1999 90048 025 ****61.25

775551.95048⁸.25¹



- Applied For

Not Applicable

Date Incorporated or Qualifed

65-0878461

11/18/1998 4.-FEI Number

_ City & Stat	e e	\perp	City & State				5. Certificat	e of Status Desired		\$8.75	
3		28					- Certical	o Status Desired		Fee Re	quired
Zip	Country	L z	Zip Country			6. Election	Campaign Financing	п.	\$5.00	May Be	
4	25	29		0				nd Contribution		Added t	o Fees
	9. Name and Address of Current	Register	red Agent				10. Name a	nd Address of New	Registered	Agent	
				8	11	Name					
HERNAND	DEZ. LIDIA			8	2	Street Addr	ress (P.O. Box N	lumber is Not Accept	table)		
53 W 3 S									,		
HIALEAH				8	3	•					
	. 2 333 73			-	4	Cit.				85 Zip (Sodo :
				°	4	City		• • • • • • • • • • • • • • • • • • • •	FL	85 Zip (,ou e
office or r agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of m familiar with, and accept the obligation	f Florida.	Such change was aut	horized b	y th	named corp ne corporation	oration submits on's board of dir	this statement for the ectors. I hereby acce	purpose of pt the appo	changing its ntment as re	registered gistered
SIGNATURE	Signature, typed or printed name of registered agent a	and title if ap	opticable. (NOTE: R	legistered Ag	ent s	ignature required	d when reinstating)		DATE		
12.	OFFICERS AND	DIRECT	TORS	13.			ADDITION	IS/CHANGES TO OF	FICERS AN	ID DIRECTO	R\$ IN 12
TITLE	PD		☐ DELETE	1.1 TITLE			•			☐ Change	Addition
NAME	LARA, CARLOS			1.2 NAME	E						
STREET ADDRESS	5821 SW 95 COURT			1.3 STRE	ETA	DDRESS			•		
CITY-ST-ZIP	MIAMI FL 33165			1.4 CITY-	-ST-7	71P					
TITLE	SD		DELETE	2.1 TITLE						Change	Addition
NAME	RAMOS, ROBERTO			2.2 NAME	E		•				
STREET ADDRESS	14031 CYPRESS CT			2.3 STRE	ETA	DDRESS					
CITY-ST-ZIP	MIAMI 33 33014			2. 4 CITY				, 5*	St. 1 1 1	75.2	
TITLE	TD		☐ DELETE	3.1 TITLE						☐ Change	Addition
NAME	HIDALGO, EDUARDO			3.2 NAME							_
STREET ADDRESS	11740 SW 181 ST			3.3 STRE	_	DDDESS					
	MIAMI 33 33177			3.4. CITY							
C/TY-ST-ZIP TITLE	WILPUM 33 33 17 7		☐ DELETE	4.1 TITLE	_	419			•	☐ Change	Addition
NAME				4. 2 NAM							
				4.2 NAW		DODESS		\$		-	
STREET ADDRESS						1				•	
CITY-ST-ZIP TITLE			☐ DELETE	4.4 CITY- 5.1 TITLE		LIF				☐ Change	Addition
'			<i>perent</i>	5.2 NAME			•	2			
VAME	1			5.3 STRE		DORESS		•			
STREET ADDRESS				5.4 CiTY-		ļ		:			
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		ur				Change	Addition
TITLE			☐ DELETE	6.2 NAME			4			"] cuange	☐ Modificit
NAME				1				•		- "	
STREET ADDRESS	**			6.3 STRE							
CITY-ST-ZIP				6.4 CITY-	·ST-Z	ZIP					

Indicated on this annual report or supplied with this limit does not quality for the exemption stated in Section 119.07(5)(f), Fronta 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: