

**FILED**  
**Mar 02, 1999 8:00 am**  
**Secretary of State**

03-02-1999 90020 030 \*\*\*\*78.90

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N51016**

1. Corporation Name  
**SION HAITIAN BAPTIST EVANGELICAL CHURCH, INC.**

Principal Place of Business 802 N.W. 111 STREET MIAMI FL 33167 US	Mailing Address 802 N.W. 111 STREET MIAMI FL 33167 US
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	28	09/23/1992
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	APPLIED FOR 65-0932296
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	29
26	30	36
		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input checked="" 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	
ALEXIS, WILNER 275 N.W. 82 STREET MIAMI FL 33150		81 Name	DESIS BELLEVUE
		82 Street Address (P.O. Box Number is Not Acceptable)	860 N.E. 178 TER
		83 City	N.M.B FL 33162
		84 Zip Code	FL 33162

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 DESIS BELLEVUE DATE 1-10-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	GUIRAND, DURANTEN REV	1.2 NAME	
STREET ADDRESS	820 N.E. 139 STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	
TITLE	VPD	2.1 TITLE	
NAME	GUIRAND, RAYMONDE	2.2 NAME	
STREET ADDRESS	820 N.E. 139 STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33161	2.4 CITY-ST-ZIP	
TITLE	SD	3.1 TITLE	
NAME	PREVILON, WESLY	3.2 NAME	
STREET ADDRESS	922 N.E. 171 ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	BELLEVUE, DESIUS	4.2 NAME	
STREET ADDRESS	860 N.E. 178 TER.	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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 DATE: 1-10-99 DAYTIME PHONE #: 305-899-8741

CR2E037 (11/98)