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Mar 03 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000005530 (0)

1. Corporation Name
PRIMEIRA IGREJA ASSEMBLEIA DE DEUS BRASILEIRA, I NC.



Principal Place of Business Mailing Address
300 NW 35TH STREET BOCA RATON FL 33431 300 NW 35TH STREET BOCA RATON FL 33431-5817

3. Date Incorporated or Qualified 11/07/1994 3a. Date of Last Report 05/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 65-0582830	Applied For Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
23 Zip Country	28 Zip Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes No
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
RODRIGUES DE SOUZA, ROBERTO 1300 N. W. 4TH AVENUE BOCA RATON FL 33432	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: *Roberto Rodrigues de Souza* ROBERTO RODRIGUES DE SOUZA
Signature typed or printed name of registered agent and title if applicable. (Typed name of agent required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DELETE <input type="checkbox"/>	1.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME RODRIGUES DE SOUZA, ROBERTO		1.2 NAME	
STREET ADDRESS 1300 N. W. 4TH AVENUE		1.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		1.4 CITY-ST-ZIP	
TITLE VPD	DELETE <input type="checkbox"/>	2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME SILVER, CHARLES TADEU		2.2 NAME	
STREET ADDRESS 1300 N. W. 4TH AVENUE		2.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		2.4 CITY-ST-ZIP	
TITLE SD	DELETE <input type="checkbox"/>	3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME APOLINARIO, GIL ANTONIO		3.2 NAME	
STREET ADDRESS 1300 N. W. 4TH AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		3.4 CITY-ST-ZIP	
TITLE TD	DELETE <input type="checkbox"/>	4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME SANTOS, JAFE GOMES		4.2 NAME	
STREET ADDRESS 1300 N. W. 4TH AVENUE		4.3 STREET ADDRESS	
CITY-ST-ZIP BOCA RATON FL 33432		4.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	DELETE <input type="checkbox"/>	6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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.

SIGNATURE: *Roberto Rodrigues de Souza* ROBERTO RODRIGUES DE SOUZA 2-2397 (561) 393-4660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER (Typed name of officer required when reinstating) Date Daytime Phone # 0038642

CR2E037 (9/96)