

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000002623 (5)

1. Corporation Name

SARMENT EVANGELIQUE, INC.



Principal Place of Business

Mailing Address

101 NORTH EAST 20TH STREET
POMPANO BEACH FL 33060

101 NORTH EAST 20TH STREET
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified

05/23/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number

65-0606442

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PERISSIEN, ROSEBERT
101 NORTH EAST 20TH STREET
POMPANO BEACH FL 33060

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	PERISSIEN, ROSEBERT	
STREET ADDRESS	101 NORTH EAST 20TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	NACOR, RENIDE	
STREET ADDRESS	2468 NORTH WEST 21ST STREET, APT. #1	
CITY - ST - ZIP	FT. LAUDERDALE FL 33311	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MEHU, RIPHETE	
STREET ADDRESS	3060 NORTH EAST 5TH AVENUE	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	FORGUE, LANICE	
STREET ADDRESS	350 NORTH WEST 40TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33064	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	DORTELUS, MARIE H	
STREET ADDRESS	101 NORTH EAST 20TH STREET	
CITY - ST - ZIP	POMPANO BEACH FL 33060	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1.1 TITLE	VPD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Celant Marc	
1.3 STREET ADDRESS	7751 SW 10th Ct	
1.4 CITY - ST - ZIP	H. LAUDERDALE, FL 33068	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	FORGUE, LANICE	
4.3 STREET ADDRESS	350 North West 40th Street	
4.4 CITY - ST - ZIP	POMPANO BEACH, FL 33064	
5.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Dortelus, Marie H	
5.3 STREET ADDRESS	101 North East 20th Street	
5.4 CITY - ST - ZIP	POMPANO BEACH, FL 33060	
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, 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 an attachment with an address.

SIGNATURE: *Rosebert Perissien* Rosebert Perissien 04-16-1996 (954) 942-77
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (12/95)