


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

**FILED**  
**Aug 25, 1999 8:00 am**  
**Secretary of State**

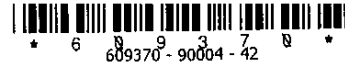
08-25-1999 90004 042 \*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000003670**

1. Corporation Name  
**CHRISTIAN BROTHERHOOD FOUNDATION, INC.**

Principal Place of Business 7800 S.W. 56TH STREET MIAMI FL 33155 US	Mailing Address 7800 S.W. 56TH STREET MIAMI FL 33155
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21. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>08/03/1995</b>
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>65-0631149</b>
23. City & State	27. City & State	Applied For <input type="checkbox"/> Not Applicable
24. Zip Country	28. Zip Country	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
25. Zip Country	29. Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent <b>NUNEZ, ALEJANDRO ESQ. 1607 PONCE DE LEON BLVD. STE. 101 CORAL GABLES FL 33134</b>	10. Name and Address of New Registered Agent
81. Name	82. Street Address (P.O. Box Number is Not Acceptable)
83. City	84. City
	85. Zip Code <b>FL</b>

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: Alejandro Nunez Esq. DATE: 8/11/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, ALBERTO M	1.2 NAME	
STREET ADDRESS	12432 S.W. 11TH TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33184	1.4 CITY-ST-ZIP	
TITLE	SD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RAMOS, GUIDO	2.2 NAME	
STREET ADDRESS	4415 S.W. 112TH COURT	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELGADO, MARIAM	3.2 NAME	
STREET ADDRESS	12432 S.W. 11TH TERRACE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	PD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WULFF, FEDERICO	4.2 NAME	
STREET ADDRESS	365 N.E. 125TH ST., #409	4.3 STREET ADDRESS	
CITY-ST-ZIP	N. MIAMI BEACH FL 33161	4.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DE LA FE, ELLA	5.2 NAME	
STREET ADDRESS	6816 S.W. 89TH CT.	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33173	5.4 CITY-ST-ZIP	
TITLE	TD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, RICHARD H SR.	6.2 NAME	
STREET ADDRESS	4701 N. FEDERAL HIGHWAY, #475	6.3 STREET ADDRESS	
CITY-ST-ZIP	LIGHT HOUSE POINT FL	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: 8/11/99 DAYTIME PHONE # 305-273-1263

CR2E037 (5/99)