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NONPROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **N96000004358**

1. Corporation Name

MINISRTERIO COMUNIDADE NOVA ALIANCA, INC.

Principal Place of Business	Mailing Address
916 NE 4TH ST POMPANO BEACH FL 33064 US	POST OFFICE BOX 770997 CORAL SPRINGS FL 33077-0997

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualifed
21	26	08/21/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number: 65-0687859 ☒ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☒ **$8.75** Additional Fee Required
Zip / Country 24 / 25	Zip / Country 29 / 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE	PD	☐ Change ☐ Addition
NAME	LOPES, LEIDMAR C		1.2 NAME	LOPES, LEIDMAR CESAR	
STREET ADDRESS	210 NORTHEAST 3RD STREET		1.3 STREET ADDRESS	916, NE 4th St	
CITY-ST-ZIP	POMPANO BEACH FL 33064		1.4 CITY-ST-ZIP	POMPANO BEACH-FL 33060	
TITLE	VD	☐ DELETE	2.1 TITLE	VD	☐ Change ☐ Addition
NAME	SANTOS, JUAREZ		2.2 NAME	SANTOS, JUAREZ	
STREET ADDRESS	210 NORTHEAST 3RD STREET		2.3 STREET ADDRESS	916, NE 4th St	
CITY-ST-ZIP	POMPANO BEACH FL 33064		2.4 CITY-ST-ZIP	POMPANO BEACH-FL 33060	
TITLE	SD	☐ DELETE	3.1 TITLE	SD	☐ Change ☐ Addition
NAME	SANTOS, LEILA		3.2 NAME	SANTOS, LEILA	
STREET ADDRESS	210 NORTHEAST 3RD STREET		3.3 STREET ADDRESS	916, NE 4th St	
CITY-ST-ZIP	POMPANO BEACH FL 33064		3.4 CITY-ST-ZIP	POMPANO BEACH-FL 33060	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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] **REQUIRED** Jan. 23/99 (954)7837535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #