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Apr 20, 1999 8:00 am
Secretary of State

04-20-1999 90326 007 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000004879

1. Corporation Name

IGREJA EVANGELICA MISSIONARIA EL-SHADDAI OF MIAMI BEACH, INC

Principal Place of Business

1125-71 STREET
MIAMI BEACH FL 33141

Mailing Address

P.O. BOX 41-5432
MIAMI BEACH FL 33141



2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 09/19/1996
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number 65-0713913
22	27	Applied For Not Applicable
City & State 23	City & State MIAMI BEACH - FL	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country USA	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
Country 25	Zip 33141	Country 29

9. Name and Address of Current Registered Agent

DE LUNA RAMALHO, SOLANGE
1865 J.F. KENNEDY CSWY
SUITE 7-K
NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name ERNESTO A. HUERTAS
82 Street Address (P.O. Box Number is Not Acceptable) 5545 S.W. 8 TH ST STE 207
83
84 City MIAMI
85 Zip Code FL 33134

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

04-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	DA SILVA, FRANCISCO D <input checked="" type="checkbox"/> DELETE	1.1 TITLE PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA, FRANCISCO D	1.2 NAME	DA SILVA, FRANCISCO D.
STREET ADDRESS	17070 COLLINS AVE., SUITE 267	1.3 STREET ADDRESS	2000 ISLAND BLVD, #2803
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	WILLIAMS ISLAND - FL - 33.160
TITLE VD	DA SILVA, LIDIA F <input checked="" type="checkbox"/> DELETE	2.1 TITLE VD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA, LIDIA F	2.2 NAME	DA SILVA, LIDIA F.
STREET ADDRESS	17070 COLLINS AVE., SUITE 267	2.3 STREET ADDRESS	2.000 ISLAND BLVD, #2803
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	WILLIAMS ISLAND - FL - 33160
TITLE SD	KELLEY, GORETE M <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KELLEY, GORETE M	3.2 NAME	
STREET ADDRESS	411 POINCIANA ISLAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160	3.4 CITY-ST-ZIP	
TITLE TD	NASCIMENTO, DERMEVAL <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NASCIMENTO, DERMEVAL	4.2 NAME	
STREET ADDRESS	9390 EAST BAY HARBOUR DR. #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL 33154	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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)(l), 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]
SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/99 - 305.8654030

Date

Daytime Phone #

CR2E037 (1/1/98)