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Feb 18 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 # F92000000819 (4)

1. Corporation Name

UNITED STATES Raelian Movement Corporation



Principal Place of Business

Mailing Address

21241 NE 3RD COURT
N. MIAMI BEACH FL 33179
US

P.O. BOX 611780
N. MIAMI FL 33261-1780
US

3. Date Incorporated or Qualified
12/22/1992

3a. Date of Last Report
05/10/1996

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

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

CLARK, ALEXANDER
707 SE 3RD AVE.
SUITE 500
FT. LAUDERDALE FL 33302

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 DP ☐ DELETE
NAME NEWMAN, DONNA
STREET ADDRESS 2175 NE 170TH ST. #211
CITY-ST-ZIP NORTH MIAMI BEACH FL

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE DVP ☐ DELETE
NAME PARENT, MARIE-HELENE
STREET ADDRESS ~~506 NE 311 LAND #3~~
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS 19860 NE 24th COURT
2.4 CITY-ST-ZIP

TITLE S ☐ DELETE
NAME PARENT, GENEVIEVE
STREET ADDRESS 21241 NE 3RD COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE T ☐ DELETE
NAME PARENT, GENEVIEVE
STREET ADDRESS 21241 NE 3RD COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL 33179

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 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: *Genevieve Parent* (GENEVIEVE PARENT)

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 2/13/97

Daytime Phone # 0034100

CR2E037 (9/96)