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Feb 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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 611783
N. MIAMI FL 33261
US



3. Date Incorporated or Qualified

12/22/1992

4. FEI Number

NOT APPLICABLE

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

7. Is this nonprofit corporation a homeowners association?
☐ Yes ☐ No

8. This corporation owes or has paid the current year intangible
Personal Property Tax due June 30. ☐ 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

TITLE DP ☒ DELETE

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

TITLE DVP ☐ DELETE

NAME PARENT, MARIE-HELENE
STREET ADDRESS 19860 NE 24 CT
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE S ☒ DELETE

NAME ~~PARENT, GENEVIEVE~~
STREET ADDRESS 21241 NE 3RD COURT
CITY-ST-ZIP NORTH MIAMI BEACH FL

TITLE T ☐ DELETE

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

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP ☒ Change ☐ Addition

1.2 NAME RICKY LEE ROEHR
1.3 STREET ADDRESS 1416 CLIPPERTON AVE
1.4 CITY-ST-ZIP HENDERSON, NV 89014

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE S ☒ Change ☐ Addition

3.2 NAME DONNA NEWMAN
3.3 STREET ADDRESS 510 NE 199TH LANE
3.4 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

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE: GENEVIEVE PARENT, Secretary of State 2/7/98 (305)653-9006

CR2E037 (10/97)