

**FILED**  
**Mar 22, 1999 8:00 am**  
**Secretary of State**

03-22-1999 90078 041 \*\*\*\*61.25

**NONPROFIT  
 CORPORATION  
 ANNUAL REPORT  
 1999**



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

**DOCUMENT # N95000003173**

1. Corporation Name

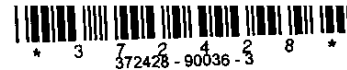
**EGLISE SENTINELLE DE LA DERNIERE HEURE DU 7E JOUR  
 INCORPORATED**

Principal Place of Business

1533 NORTH WEST 5TH STREET  
 FORT LAUDERDALE FL 33311  
 US

Mailing Address

P O BOX 100413  
 FT LAUDERDALE FL 33310  
 US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City &amp; State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City &amp; State

28 Zip

Country

3. Date Incorporated or Qualified

06/27/1995

4. FEI Number

65-0607348

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional  
 Fee Required**

6. Election Campaign Financing ☐

Trust Fund Contribution

**\$5.00 May Be  
 Added to Fees**

9. Name and Address of Current Registered Agent

**STUPPARD, MAURICE  
 11905 NORTHEAST 2ND AVENUE, APT C-310  
 NORTH MIAMI FL 33161**

10. Name and Address of New Registered Agent

81 Name **MICHEL-RONALD DESAMOURS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**6450 EAST SIKEET**

83

84 City **Holly Wood** FL 85 Zip Code **33024**

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	PD	<input type="checkbox"/> DELETE
NAME	SAINVAL, JEAN BECKER	
STREET ADDRESS	2710 SOMER SET DRIVE, APT X-215	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33311	
TITLE	VA	<input checked="" type="checkbox"/> DELETE
NAME	STUPPARD, MAURICE	
STREET ADDRESS	11905 NORTHEAST 2ND AVENUE, APT C-310	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	PIERRE, ALIX	
STREET ADDRESS	421 NORTHEAST 4TH AVENUE #1	
CITY-ST-ZIP	FT LAUDERDALE FL 33304	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GREGOIRE, AROLD	
STREET ADDRESS	3610 NORTHWEST 34TH AVENUE	
CITY-ST-ZIP	LAUDERDALE LAKES FL 33309	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	HOMIDAS, DACIUS	
STREET ADDRESS	522 N W 8TH STREET	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	
TITLE	D	<input type="checkbox"/> DELETE
NAME	ABNER, JOSEPH	
STREET ADDRESS	1500 N W 8TH AVENUE	
CITY-ST-ZIP	FT LAUDERDALE FL 33311	

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	V. President
2.3 STREET ADDRESS	Joseph Louis
2.4 CITY-ST-ZIP	19430 NW 8ST Pembroke Pines, FL 33029
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	S.
3.3 STREET ADDRESS	DJESULAH LAMY
3.4 CITY-ST-ZIP	3600 NW 82 TER. CORAL SPRING, FL 33065
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D.
5.3 STREET ADDRESS	MORIVAL, BRIEL
5.4 CITY-ST-ZIP	867 N W 107 ST. MIAMI, FL 33168
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

**SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR**  
**JEAN BECKER SAINVAL** 3-20-99 (954) 731-5459

CR2E037 (11/98)