

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morfham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

DOCUMENT # **759537** (4)
1. Corporation Name
EGLISE DE DIEU MONT DES OLIVIERS, INC.

95 FEB -1 PM 12:18

Principal Place of Business Mailing Address
45 N.E. 54TH STREET MIAMI FL 33137

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/06/1981	3a. Date of Last Report 11/07/1994
4. FEI Number 22-2321231	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent
**REJOUIS, WILNER (REV)
800 N.W. 145TH STREET
NORTH MIAMI FL 33168**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE S	NAME FONDROSE, CHANTAL	1.1 TITLE S	1.2 NAME WILNER VIRGILE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 1381 NW 96 ST	CITY-ST-ZIP MIAMI FL	1.3 STREET ADDRESS 1521 NE 15D ST #101	1.4 CITY-ST-ZIP MIAMI FL 33161
TITLE SD	NAME DESTIN, JOSEPH LOUISSAIN	2.1 TITLE	2.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 900 N.W. 125TH ST.	CITY-ST-ZIP MIAMI FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
TITLE TD	NAME ALEXANDRE, SILENCIEUX	3.1 TITLE P	3.2 NAME ALEXANDRE, SILENCIEUX <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 835 OPA LOCKA BLVD.	CITY-ST-ZIP MIAMI FL	3.3 STREET ADDRESS 835 OPA LOCKA BLVD.	3.4 CITY-ST-ZIP MIAMI FL
TITLE ASD	NAME DUFRESNE, JOSUE	4.1 TITLE	4.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 780 N.W. 145TH ST.	CITY-ST-ZIP MIAMI FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
TITLE D	NAME LINTEAU, ROBUSTE	5.1 TITLE V	5.2 NAME JOSEPH AUGUSTIN <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 14530 N. SPUR DR.	CITY-ST-ZIP MIAMI FL	5.3 STREET ADDRESS 12100 NW 10 AVE	5.4 CITY-ST-ZIP MIAMI F
TITLE PD	NAME REJOUIS, WILNER	6.1 TITLE	6.2 NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS 800 N.W. 145TH STREET	CITY-ST-ZIP NORTH MIAMI FL 33168	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Wilner Virgile **WILNER VIRGILE** 01-22-95 (305) 949-8292
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Signature 13220)