

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
 AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED

Jul 29 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 # 759537 (4)
 1. Corporation Name
 EGLISE DE DIEU MONT DES OLIVIERS, INC.

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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
 21 45 NE 54th St 26
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 MIAMI FLA 27
 City & State City & State
 23
 Zip Country Zip Country
 24 33137 25 29 30

3. Date Incorporated or Qualified 08/06/1981 3a. Date of Last Report 05/01/1996
 4. FEI Number 22-2321231 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
 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
 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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	S	1.1 TITLE	1st Secretary
NAME	WILNER, VIRGILE	1.2 NAME	Chantal Fondresse
STREET ADDRESS	1521 NE 150 ST #101	1.3 STREET ADDRESS	780 NW 145 ST
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miami FLA 33168
TITLE	SD	2.1 TITLE	2nd Secretary
NAME	DESTIN, JOSEPH LOUISSAIN	2.2 NAME	Monique Gubrier
STREET ADDRESS	900 N.W. 125TH ST.	2.3 STREET ADDRESS	743 NW 143 ST
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami FLA 33168
TITLE	P	3.1 TITLE	Treasurer
NAME	ALEXANDRE, SILENCIEUX	3.2 NAME	Josue Dufresne
STREET ADDRESS	835 OPA LOCKA BLVD.	3.3 STREET ADDRESS	15830 N. SPUR DR.
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	Miami FLA 33168
TITLE	ASD	4.1 TITLE	Member
NAME	DUFRESNE, JOSUE	4.2 NAME	Destin Joseph
STREET ADDRESS	780 N.W. 145TH ST.	4.3 STREET ADDRESS	900 NW 125 ST
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	Miami FLA
TITLE	V	5.1 TITLE	Pastor
NAME	AUGUSTIN, JOSEPH	5.2 NAME	Rev. Wilner Rejouis
STREET ADDRESS	12100 NW 10 AVE	5.3 STREET ADDRESS	800 NW 145 St
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	Miami FLA
TITLE	PD	6.1 TITLE	
NAME	REJOIS, WILNER REV.	6.2 NAME	
STREET ADDRESS	800 N.W 145TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33168	6.4 CITY-ST-ZIP	

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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 _____ SIGNATURE REQUIRED _____

CR2E037 (4/97)