

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 854584 (0)
1. Corporation Name
UNIVERSAL CHURCH OF NEW-LIFE SCIENCE, INC.



Principal Place of Business: **3010 SW 77 COURT MIAMI FL 33155**
Mailing Address: **BOX 7006 MIAMI FL 33155**

3. Date Incorporated or Qualified: **11/03/1982**
3a. Date of Last Report: **04/27/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc., City & State, and Zip/Country.

4. FEI Number: **59-2222895**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: **ELDER, HAROLD A DR. 3010 SW 77 COURT MIAMI FL 33155**
10. Name and Address of New Registered Agent (81-84) fields for Name, Street Address, City, and Zip Code (FL).

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: D	NAME: RENDON, JORCE	1.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 12724 N.W. 8TH LANE	CITY-ST-ZIP: MIAMI FL	1.2 NAME:	
TITLE: D	NAME: RENDON, SERGIO	1.3 STREET ADDRESS:	
STREET ADDRESS: 11450 S.W. 4TH ST.	CITY-ST-ZIP: MIAMI FL	1.4 CITY-ST-ZIP:	
TITLE: D	NAME: RENDON, JR. S O.	2.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11450 S.W. 4TH ST.	CITY-ST-ZIP: MIAMI FL	2.2 NAME:	
TITLE: D	NAME: HAROLD ELDER	2.3 STREET ADDRESS:	
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	2.4 CITY-ST-ZIP:	
TITLE: D	NAME: HAROLD ELDER	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	3.2 NAME:	
TITLE: D	NAME: HAROLD ELDER	3.3 STREET ADDRESS:	
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	3.4 CITY-ST-ZIP:	
TITLE: D	NAME: HAROLD ELDER	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	4.2 NAME:	
TITLE: D	NAME: HAROLD ELDER	4.3 STREET ADDRESS:	
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	4.4 CITY-ST-ZIP:	
TITLE: D	NAME: HAROLD ELDER	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	5.2 NAME:	
TITLE: D	NAME: HAROLD ELDER	5.3 STREET ADDRESS:	
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	5.4 CITY-ST-ZIP:	
TITLE: D	NAME: HAROLD ELDER	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	6.2 NAME:	
TITLE: D	NAME: HAROLD ELDER	6.3 STREET ADDRESS:	
STREET ADDRESS: 3010 S.W. 77 CT	CITY-ST-ZIP: MIAMI FLA 33155	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 119.07(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: **HAROLD ELDER PRES.** DATE: **4/1/96**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ DAY OF PHONE # _____

CR2E037 (12/95)