

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).

| | | |
|---|---|---|
| NONPROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # F93000005011 (2)
 1. Corporation Name
THE UNIVERSAL CHURCH CORP.

| | |
|---|---|
| Principal Place of Business 500 PALM AVENUE HIALEAH FL 33010 | Mailing Address 500 PALM AVENUE HIALEAH FL 33010 |
|---|---|

| | |
|---|--|
| 2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country | 2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country |
|---|--|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporated or Qualified 11/05/1993 | 3a. Date of Last Report 04/29/1996 |
| 4. FEI Number 13-3443110 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**KORETZKY, DAVID A
 111 S.W. 3RD STREET
 PENTHOUSE
 MIAMI FL 33130**

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

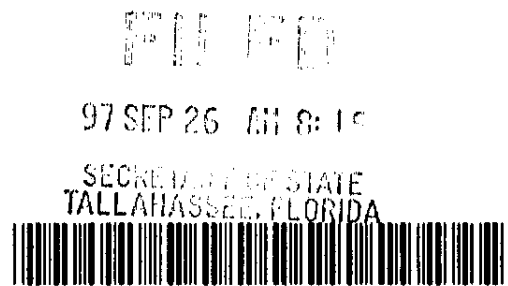
| | | | | | | | | |
|-------|---|---------------------------------|------|------------------------|----------------|------------------|-------------|-------------------|
| TITLE | D | DELETE <input type="checkbox"/> | NAME | HIGGINBOTHAM, FORREST | STREET ADDRESS | 47 FOURTH AVENUE | CITY-ST-ZIP | BROOKLYN NY 11217 |
| TITLE | D | DELETE <input type="checkbox"/> | NAME | MADURO, RENATO | STREET ADDRESS | 47 FOURTH AVENUE | CITY-ST-ZIP | BROOKLYN NY 11217 |
| TITLE | D | DELETE <input type="checkbox"/> | NAME | CAMARA, JAMES MEDEIROS | STREET ADDRESS | 47 FOURTH AVENUE | CITY-ST-ZIP | BROOKLYN NY 11217 |
| TITLE | D | DELETE <input type="checkbox"/> | NAME | CERVEIRA, C. REGINA | STREET ADDRESS | 47 FOURTH AVENUE | CITY-ST-ZIP | BROOKLYN NY 11217 |
| TITLE | | DELETE <input type="checkbox"/> | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |
| TITLE | | DELETE <input type="checkbox"/> | NAME | | STREET ADDRESS | | CITY-ST-ZIP | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | | | |
|-----------|----------|--------------------|------------------------------|---------------------------------|-----------------------------------|
| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| | | | 500002309145--2 | | |
| 2.1 TITLE | 2.2 NAME | 2.3 STREET ADDRESS | 2.4 CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| | | | -10/01/97--01098--003 | | |
| 3.1 TITLE | 3.2 NAME | 3.3 STREET ADDRESS | 3.4 CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| | | | -10/01/97--01098--004 | | |
| 4.1 TITLE | 4.2 NAME | 4.3 STREET ADDRESS | 4.4 CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| | | | 500002309145--2 | | |
| 5.1 TITLE | 5.2 NAME | 5.3 STREET ADDRESS | 5.4 CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| | | | -10/01/97--01098--004 | | |
| 6.1 TITLE | 6.2 NAME | 6.3 STREET ADDRESS | 6.4 CITY-ST-ZIP | Change <input type="checkbox"/> | Addition <input type="checkbox"/> |
| | | | *****8.75 *****8.75 | | |
| | | | *****61.25 *****61.25 | | |

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 **9/1/97 212-725-8182**



CR2E037 (4/97)