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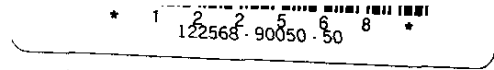
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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N16094

1. Corporation Name
EGLISE EVANGELIQUE BAPTISTE SALEM, INC.

Principal Place of Business 140 NW 79TH ST 266 N.E. 53 ST., #2 MIAMI FL 33137 US	Mailing Address 140 N.W. 79 STREET P.O. BOX 382129 MIAMI FL 33138 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/29/1986
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0139500
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25 Dade	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

OLIBRICE, CEDEON M. REV.
266 N.E. 53 STREET APT 4
140 N.W. 79 ST. (MIAMI, FL 33150)
MIAMI FL 33137

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 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 reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	OLIBRICE, CEDEON M.	
STREET ADDRESS	266 N.E. 53 STR., #4	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETIT FRERE, JACQUES	
STREET ADDRESS	6430 NE 1 CT	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MOMPRIEMER, ERNAND	
STREET ADDRESS	658 NE 87 ST., APT. 3	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GEFFRARD, MICHELINE A	
STREET ADDRESS	2151 NE 87 ST., APT. 1	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	T	<input type="checkbox"/> DELETE
NAME	FAUVETTE, TELUSMA	
STREET ADDRESS	285 N.W. 132 STREET	
CITY-ST-ZIP	MIAMI FL 33168	
TITLE	T	<input type="checkbox"/> DELETE
NAME	HELEINE CANDIO, MARIE	
STREET ADDRESS	360 NE 55 STREET	
CITY-ST-ZIP	MIAMI FL 33137	

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 type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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: *Cedeon M. Olibrice* **REQUIRED** Cedeon M. Olibrice (6-21-98) 305-756-0935
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (1/98)