

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

APPROVED AND FILED

95 JUN 28 PH 4:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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*****130.00 *****130.00
DO NOT WRITE IN THIS SPACE

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N23563**
1. Corporation Name
REVEAL AND UPLIFT TRUTH OF HISTORY, INC.

Principal Place of Business Mailing Address
**534 N.E. 76th STREET
MIAMI, FL. 33138**

New Address!

2. Principal Place of Business	2a. Mailing Address
21 1570 N.E. 142nd ST.	26 1570 N.E. 142nd ST.
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State N. MIAMI, FLORIDA	28 City & State N. MIAMI, FLORIDA
24 Zip 33161	29 Zip 33161
25 Country	30 Country

3. Date Incorporated or Qualified 1987	3a. Date of Last Report 1994
4. FEI Number 650053861	Applied For 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
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. 189.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
DENISE T.J. WILSON-EL 534 N.E. 76th ST. 1570 N.E. 142nd ST. MIAMI, FL. 33138				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 607.0502 and 607.1608, 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	President/Treasurer	1.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DENISE T.J. WILSON-EL	1.2 NAME	VIRGINIA PITTS (N/A)
STREET ADDRESS	534 N.E. 76th ST. 1570 N.E. 142nd ST.	1.3 STREET ADDRESS	P.O. BOX 811226
CITY - ST - ZIP	MIAMI, FL. 33138 33161	1.4 CITY - ST - ZIP	BOCA RATON, FL. 33481-1226
TITLE	Vice President	2.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	COY W. FORCHION	2.2 NAME	STAXINE CLARE
STREET ADDRESS	751 N.E. 72nd TERR.	2.3 STREET ADDRESS	10125 N.W. 2nd AVE.
CITY - ST - ZIP	MIAMI, FL. 33138	2.4 CITY - ST - ZIP	MIAMI, FL. 33168
TITLE	Secretary	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VASHYIE D. LEON	3.2 NAME	DR. ANNA STABIE EVANS
STREET ADDRESS	865 N.E. 129th ST.	3.3 STREET ADDRESS	9367 FONTAINEBLEAU BLVD. G 217
CITY - ST - ZIP	N. MIAMI, FL. 33161	3.4 CITY - ST - ZIP	MIAMI, FL. 33172
TITLE	Director	4.1 TITLE	
NAME	HARRY B. WILSON	4.2 NAME	
STREET ADDRESS	534 N.E. 76th ST. 1570 N.E. 142nd ST.	4.3 STREET ADDRESS	
CITY - ST - ZIP	N. MIAMI, FL. 33138 33161	4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

REMITTED BY MAY 1

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: Denise T.J. Wilson-El DENISE T.J. WILSON-EL 6-6-95 305-899-1483