SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.) NONPROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 . DIVISION OF CORPORATIONS **DOCUMENT #** REVEAL AND UPLIFT TRUTH OF HISTORY, INC. Principal Place of Business Mailing Address 1570 N.E. 142ND ST. 1570 N.E. 142ND ST. N. MIAMI FL 33161 N. MIAMI FL 33161 3. Date Incorporated or Qualified 3a. Date of Last Report 11/19/1987 06/28/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 65-0053861 Not Applicable Suite, Apt #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Ø 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name WILSON-EL, DENISE M. Street Address (P.O. Box Number is Not Acceptable) 82 1570 NE 142ND N. MIAMI FL 33161 City 84 85 Zip Code 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 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** Signature, typed or printed name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/8) TITLE DELETE 11 TITLE Change Addition WILSON-EL, DENISE M. NAME 1.2 NAME 1570 N.E. 142ND ST. CR2E037 STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE DELETE 2.1 TITLE Change Addition 160 N.W. 101st ST. FORCHION, GUY W. NAME 2.2 NAME 751 N.E. 72ND TERR. STREET ADDRESS 2.3 STREET ADDRESS MIAMIC SHORES, PC. 33150 **MIAMI FL 33161** CITY-ST-ZIP 2 4 CITY-ST-ZIP TITLE DELETE 31 TITLE Change Addition WILSON-EL, HARRY B. NAME 3.2 NAME 1570 N.W. 142ND ST. STREET ADDRESS 3.3 STREET ADDRESS N. MIAMI FL 33161 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE Change Addition LEON, VASHTYE D. NAME 4. 2 NAME 865 N.E. 129TH ST. STREET ADDRESS 4.3 STREET ADDRESS N. MIAMI FL 33161 CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE DELETE 51 TITLE Change Addition NAME PITTS VIRGINIA 5 2 NAME STREET ADDRESS P.O. BOX 811226 N/A 5.3 STREET ADDRESS BOCA RATON FL 33481-1226 CITY - ST - ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 TITLE Addition 2791 N.W. 194th Terr. NAME **CLEARE MAXINE** 62 NAME STREET ADDRESS 10828 N.W. 2ND AVE. 6 3 STREET ADDRESS MIAMI FL. 33056 **MIAMI FL 33168** 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. I that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address. (305)899-1483

SOUNTED THE DESIGNING OFFICER OR DIRECTOR

SIGNATURE: