

FILE NOW: FILING FEE IS \$61.25

FILED

Jul 16 1998 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # N23563 (2)

1. Corporation Name

REVEAL AND UPLIFT TRUTH OF HISTORY, INC.

Principal Place of Business

Mailing Address

1570 N.E. 142ND ST.
N. MIAMI FL 33161

1570 N.E. 142ND ST.
N. MIAMI FL 33161

3. Date Incorporated or Qualified

11/19/1987

4. FEI Number

65-0053861

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WILSON-EL, DENISE M.
1570 NE 142ND
N. MIAMI FL 33161

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 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME WILSON-EL, DENISE M.
STREET ADDRESS 1570 N.E. 142ND ST.
CITY-ST-ZIP N. MIAMI FL 33161

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE VPD
NAME FORCHION, GUY W.
STREET ADDRESS 180 N W 101ST ST
CITY-ST-ZIP MIAMI SHORES FL

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D
NAME WILSON-EL, HARRY B.
STREET ADDRESS 1570 N.W. 142ND ST.
CITY-ST-ZIP N. MIAMI FL 33161

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE SD
NAME LEON, VASHTYE D.
STREET ADDRESS 865 N.E. 129TH ST.
CITY-ST-ZIP N. MIAMI FL 33161

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D
NAME PITTS VIRGINIA
STREET ADDRESS P.O. BOX 811226 N/A
CITY-ST-ZIP BOCA RATON FL 33481-1226

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE D
NAME CLEARE MAXINE
STREET ADDRESS 2791 N W 194TH TERR
CITY-ST-ZIP MIAMI FL

6.1 TITLE
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.

SIGNATURE: Denise M. Wilson-El DENISE M. WILSON-EL 6-11-1998 (305) 899-1483

CR2E037 (10/97)