

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

55 MAR 22 PM 1:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N50553** (9)

1. Corporation Name

EGLISE BAPTISTE SILOE, INC.

Principal Place of Business

Mailing Address

13000 N.E. 4 AVE.
N. MIAMI FL 33161

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N. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 08/24/1992	3a. Date of Last Report 03/11/1994
4. FEI Number 65-0357309	Applied For Not Applicable

2. Principal Place of Business	2a. Mailing Address
21 13300 NE 7th Ave	26 13030 NE 4th Ave
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 N. Miami Fl.	28 N. Miami Fl.
24 33161	29 33161
25 DADE	30 DADE

5. Certificate of Status Desired	<input 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 checked="" type="checkbox"/>	\$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

TOUSSAINT, WERLEIGH
2040 NE 170 ST. #12
NORTH MIAMI BEACH FL 33162

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 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE WERLEIGH TOUSSAINT DATE 03/10/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	ANDRE, MARC CHARLES
STREET ADDRESS	13030 NE 4 AVE.
CITY - ST - ZIP	NORTH MIAMI FL 33161
TITLE	D
NAME	FOUQUET, ALEX
STREET ADDRESS	1850 NE 167 ST. #6
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33162
TITLE	T
NAME	ST. PREUX, ELISEE
STREET ADDRESS	1265 NE 117 ST.
CITY - ST - ZIP	NORTH MIAMI BEACH FL 33161
TITLE	D
NAME	DESIR, REYNOLD
STREET ADDRESS	920 NE 144 ST.
CITY - ST - ZIP	NORTH MIAMI FL 33161
TITLE	D
NAME	PIERRE-LOUIS, ALBY
STREET ADDRESS	1385 NE 129 ST.
CITY - ST - ZIP	NORTH MIAMI FL 33161

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information reported on this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included on this filing 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 612, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or in an attachment with an address.

SIGNATURE: Alby Pierre-Louis DATE: 3/16/95 (305) 892-1635