

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N50553 (9)
1. Corporation Name
EGLISE BAPTISTE SILOE, INC.



Principal Place of Business Mailing Address
13300 NE 7TH AVE N. MIAMI FL 33161 US **13030 NE 4TH AVE N. MIAMI FL 33161**

3. Date Incorporated or Qualified **08/24/1992** 3a. Date of Last Report **03/22/1995**

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. **26** **1385 N.E. 129 ST**
22 City & State **27** Suite, Apt. #, etc.
23 **N. MIAMI FLA**
24 Zip **25** Country **29** **33161** **30** Country

4. FEI Number **65-0357309** Applied For Not Applicable
5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes 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 **ST. PREUX, ELISEE**
82 Street Address (P.O. Box Number is Not Acceptable) **1265 NE 117 ST**
83
84 City **MIAMI** **FL** **85** Zip Code **33161**

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 *Elisee St. Preux* DATE **4-29-96**

12. OFFICERS AND DIRECTORS		
TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	ANDRE, MARC CHARLES	
STREET ADDRESS	13030 NE 4 AVE.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	FOUQUET, ALEX	
STREET ADDRESS	1850 NE 167 ST. #6	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33162	
TITLE	T	<input type="checkbox"/> DELETE
NAME	ST. PREUX, ELISEE	
STREET ADDRESS	1265 NE 117 ST.	
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	DESIR, REYNOLD	
STREET ADDRESS	920 NE 144 ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PIERRE-LOUIS, ALBY	
STREET ADDRESS	1385 NE 129 ST.	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PIERRE-LOUIS, ALBY	
1.3 STREET ADDRESS	1385 N.E. 129 ST	
1.4 CITY-ST-ZIP	N. MIAMI FLA 33161	
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	FRANCOIS, FLOURDES	
2.3 STREET ADDRESS	739 NW 145 TERR	
2.4 CITY-ST-ZIP	MIAMI FL 33168	
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 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 in 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: *Elisee St. Preux* DATE: **4/24/96** DAYTIME PHONE: **(305) 892-1635**

CR2E037 (12/95)