1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # N9200000382

YAHOVAH ELOHEEM MINISTRIES, INC. WITH REVERAND M YRTIS OLIQUE

Principal	Place	of	Busines	5

2. Principal Place of Business

Mailing Address

4525 SW 95TH AVENUE MIAMI FL 33165

21

P.O. BOX 557601 MIAMI FL 33255-7601 US

2a. Mailing Address

26

## Apr 21, 1999 8:00 am Secretary of State

04-21-1999 90221 040 \*\*\*\*70.00

3. Date Incorporated or Qualifed

11/19/1992

Suite, Apt.	# etc	Suite, Apt. #, etc.				4. FE	Number			I A	Applied For	
22	#, etc.					65-0370352		•	, <del>                                     </del>		lot Applicable	
City & State									*	\$8.75	Additional	
23		28				5. Ce	ertifcate of Status De	sired p	<b>(</b>	Fee F	Required	
Zip	Country	Zip	Cour	ntry		6. FI	ection Campaign Fin	ancina -		\$5.00	May Be	
24	25	29	30	•			ust Fund Contribution	- 1	3	•	to Fees	
24	9. Name and Address of Current	<u>                                    </u>	1001			10. Na	me and Address o	f New Reg	istered /	Agent		
•				81	Name							
					<b>a</b> : (4.1)	et Address (P.O. Box Number is Not Acceptable)						
OLIQUE, F			İ	82	Street Addr	ess (P.O.	Box Mumber is Mor	Acceptable	*)			
	4525 SW 95TH AVENUE											
MIAMI FL	33165								•	1 <del></del> -		
		•		84	City				FI	85 Zip	Code	
44	to the provisions of Sections 617.0502	and 617 1508 Florida Status	tos the ah	NOVE-I	named com	oration st	hmits this statement	for the pur	pose of	changing if	ts registered	
office or re	existered exent or both in the State of	Florida, Such change was a	autnonzea	DV IN	e corporation	n's board	of directors. I hereb	y accept th	ne appoir	ntment as r	egistered	
agent. I a	m familiar with, and accept the obligation	ons of, Section 617.0503, Flo	orida Statu	ites.								
SIGNATURE		AND TO AND THE PROPERTY OF THE PARTY OF THE	E. Basistored	Agent e	signature require	d when reinst	(ating)	•	DATE	<del></del>		
12.	Signature, typed or printed name of registered agent a OFFICERS AND		13.	Agent s	sgriature require	ADI	DITIONS/CHANGES	TO OFFIC		D DIRECT	ORS IN 12	
TITLE	PD OFFICERS AND	□ DELETE	1.1 TIT	1F		[REC]	<del> </del>			Change		
			1.2 NA				HODGES		:		^``	
NAME	OLIQUE, MYRTIS REV.	aue, withito nev.			DDRESS 11	1935	SW 188th	Tèrr				
STREET ADDRESS	4525 SW 95TH AVE.			Y-ST-Z	1 347	CAMI						
CITY-ST-ZIP	MIAMI FL 33165	DELETE	2.1 TIT					~		Change	Addition	
TITLE	OLIONE BASASI	Beech	2.1 NA		1	RUSTI					~	
NAME	OLIQUE, RAFAEL				POPEOD 4	RITZ	TAN	a+~		1992		
STREET ADDRESS	4525 SW 95TH AVE.				DORESS 1 8	85//	SW 87th	7		<del></del> -		
CITY-ST-ZIP	MIAMI FL 33165	DELETE	2.4 CF	TY-ST-	ZP M.	LAMI	FL. 3315	1		Change	Addition	
TITLE	D	☐ DELETE			1							
NAME	LYDDIA THOMPSON		3.2 NA									
STREET ADDRESS	651 NW 58TH ST				DDRESS							
CITY-ST-ZIP	MIAMI FL	- Clarity		TY-ST-	ZIP		<del></del>	<del></del>	· ·	☐ Change	e 🔲 Addition	
TITLE	D .	<b>₹</b> DELETE	4.1 TIT		,	بن برت.	Tros/			Ondarige	,	
NAME	ELVIS HODGES		4, 2 NA								, i	
STREET ADDRESS	6709 SW 88TH ST		4.3 ST	REETA	DDRESS	ياتان المانيا	e Foreign					
CITY-ST-ZIP	MIAMI FL		_	Y-ST-Z	ZIP					Change	e	
TITLE	'	☐ DELETE	5.1 TIT							Change	3 Modition	
NAME			5.2 NA									
STREET ADDRESS					ADDRESS							
CITY-ST-ZIP		<u> </u>		TY-ST-	ZIP	<u>.</u>			•	-	- Address	
TILE		☐ DELETE	6.1 111					•		Change	e	
NAME	· · ·		6.2 NA		1							
STREET ADDRESS			6.3 ST	REETA	NDORESS							
CITY-ST-ZIP			6.4 CR	TY-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, with all other like empowered.

SIGNATURE: