

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 # N93000000392 (1)

1. Corporation Name

L'EGLISE DE DIEU DES ELUS, INC.



Principal Place of Business

Mailing Address

6942 NE 4TH AVE
MIAMI FL 33138
US

1400 NE 117TH ST.
NORTH MIAMI FL 33161

3. Date Incorporated or Qualified
01/29/1993

3a. Date of Last Report
03/02/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0387696

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

10. Name and Address of New Registered Agent

GREENSPAN, MELVYN G
3550 BISCAYNE BLVD
SUITE 404
MIAMI FL 33137

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

FL

B5 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 state if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	ED	<input type="checkbox"/> DELETE
NAME	FILUS, BYRON	
STREET ADDRESS	1400 NE 117TH ST.	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	OD	<input type="checkbox"/> DELETE
NAME	FILUS, JACKSON	
STREET ADDRESS	1431 NE 14TH ST.	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	ANDRE, SAINTIL	
STREET ADDRESS	757 NE 85TH ST	
CITY - ST - ZIP	N. MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHERY, ELIMOR	
STREET ADDRESS	861 NW 114TH ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BARVILLE, EMMANUEL	
STREET ADDRESS	799 NW 114 ST	
CITY - ST - ZIP	MIAMI FL	
TITLE	T	<input type="checkbox"/> DELETE
NAME	CHERY, ELIMOR	
STREET ADDRESS	861 NW 114TH ST	
CITY - ST - ZIP	MIAMI FL	

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Pierre Th. Casseus
1.3 STREET ADDRESS	2106 NE. 167st # L1 North
1.4 CITY - ST - ZIP	Mia Bch. 33162
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1/30/96

CR2E037 (12/95)