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May 06 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997

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

DOCUMENT # N93000002133 (7)

1. Corporation Name
CHURCH CEIFA, INC.

Principal Place of Business	Mailing Address
1020 E SAMPLE RD POMPANO BEACH FL 33064	1020 E SAMPLE RD POMPANO BEACH FL 33064-5120

3. Date Incorporated or Qualified: 05/10/1993
3a. Date of Last Report: 08/07/1996

	2. Principal Place of Business	2a. Mailing Address
	21 1008 E Sample Rd	26 1008 E Sample Rd
Suite, Apt. #, etc.	22	27
City & State	23 Pompano Beach, FL	28 Pompano Beach, FL
Zip / Country	24 33064 / 25 USA	29 33064 / 30 USA

4. FEI Number: 65-0480005 ☐ 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
DOS SANTOS, JOSE A 6345 NW 9TH ST MARGATE FL 33063	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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	DE CARVALHO, ELIEL		1.2 NAME		
STREET ADDRESS	10328 BOCA ENTRADA BLVD #123		1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33428		1.4 CITY-ST-ZIP		
TITLE	VD	☒ DELETE	2.1 TITLE	VD	☐ Change ☒ Addition
NAME	DE LIMA NELIS NILSON B		2.2 NAME	Jose A Dos Santos	
STREET ADDRESS	5010 N LIGHTHOUSE CIRCLE		2.3 STREET ADDRESS	6345 NW 9ST	
CITY-ST-ZIP	COCONUT CREEK FL		2.4 CITY-ST-ZIP	MARGATE FL 33063	
TITLE	TD	☒ DELETE	3.1 TITLE	STD	☐ Change ☒ Addition
NAME	RIBEIRO, MARCILIO		3.2 NAME	JOEL GIOVANNI PINTO	
STREET ADDRESS	3111 NW 54TH TERRACE		3.3 STREET ADDRESS	450 N.W 20TH ST. #309E	
CITY-ST-ZIP	MARGATE FL		3.4 CITY-ST-ZIP	BOCA RATON. FL. 33431-	
TITLE	SD	☒ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	VIDAL, DARLETE A.		4.2 NAME		
STREET ADDRESS	4503 NE 1ST AVENUE		4.3 STREET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL		4.4 CITY-ST-ZIP		
TITLE	TD	☐ DELETE	5.1 TITLE	TD	☐ Change ☒ Addition
NAME	RODERTO NASCIMENTO		5.2 NAME	Roberto Nascimento	
STREET ADDRESS	460 NE 30 ST # 1A		5.3 STREET ADDRESS	460 NE 30ST # 1A	
CITY-ST-ZIP	POMPANO BEACH		5.4 CITY-ST-ZIP	POMPANO Beach FL	
TITLE	SD	☐ DELETE	6.1 TITLE	SD	☐ Change ☒ Addition
NAME	DENISE JAYME		6.2 NAME	Denise Jayme	
STREET ADDRESS	22529 SWORD FISH DRIVE		6.3 STREET ADDRESS	22529 SWORD Fish Dr	
CITY-ST-ZIP	BOCA RATON FL 33428		6.4 CITY-ST-ZIP	BOCA RATON FL 33428	

CR2E037 (9/96)

14. I do 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: _____ 4/14/97 (305)446-3858