

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

**APPROVED  
AND  
FILED**

1995 MAY - 1

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
**100001493241**  
-05/18/95--01034--008  
\*\*\*\*\*130.00 \*\*\*\*\*130.00

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>07/26/1993</b>	3a. Date of Last Report <b>05/01/1994</b>
4. FEI Number <b>65-0426776</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status <input checked="" type="checkbox"/>	<b>\$68.75</b> Supplemental Fee Not Required
8. This corporation has liability for intangible tax under §. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **N93000003343 (1)**  
1. Corporation Name  
**MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE, INC.**

Principal Place of Business <b>450 N.E. 79TH STREET MIAMI FL 33150 US</b>	Mailing Address <b>P.O. BOX 380636 MIAMI FL 33238 US</b>
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2. Principal Place of Business 21 <b>450 N.W. 79 STREET</b> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>P.O. Box 380636</b> Suite, Apt. #, etc.
23 <b>MIAMI FLORIDA</b> City & State	28 <b>MIAMI Florida</b> City & State
24 <b>33150</b> Zip	29 <b>33238</b> Zip
25 <b>DADE</b> Country	30 <b>DADE</b> Country

9. Name and Address of Current Registered Agent  
**THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED  
343 ALMERIA AVE  
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

B1 Name <b>N/A</b>
B2 Street Address (P.O. Box Number is Not Acceptable)
B3
B4 City <b>FL</b>
B5 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 N/A  
Signature, typed or printed name of registered agent and title if applicable (NOTE) Registered Agent signature required when reinstating DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<b>BRUNACHE, JACQUES A REV</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>None.</b>
NAME <b>BRUNACHE, JACQUES A REV</b>	<b>1759 MARSEILLES DRIVE, #5</b>	1.2 NAME	
STREET ADDRESS <b>1759 MARSEILLES DRIVE, #5</b>	<b>MIAMI BEACH FL</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>SD</b>	<b>BRUNACHE, MARIE M</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BRUNACHE, MARIE M</b>	<b>1759 MARSEILLE DRIVE, #5</b>	2.2 NAME	<b>None.</b>
STREET ADDRESS <b>1759 MARSEILLE DRIVE, #5</b>	<b>MIAMI BEACH FL</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL</b>		2.4 CITY - ST - ZIP	
TITLE <b>TD</b>	<b>FERON, JULNEAU</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>FERON, JULNEAU</b>	<b>7400 N.E. 6TH COURT, #8</b>	3.2 NAME	
STREET ADDRESS <b>7400 N.E. 6TH COURT, #8</b>	<b>MIAMI FL</b>	3.3 STREET ADDRESS	<b>None.</b>
CITY - ST - ZIP <b>MIAMI FL</b>		3.4 CITY - ST - ZIP	
TITLE <b>VP</b>	<b>DIROGENE, ETIENNE</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>DIROGENE, ETIENNE</b>	<b>2033 CALAIS DRIVE #4</b>	4.2 NAME	
STREET ADDRESS <b>2033 CALAIS DRIVE #4</b>	<b>MIAMI BEACH FL</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL</b>		4.4 CITY - ST - ZIP	<b>None.</b>
TITLE <b>AS</b>	<b>BRUNACHE, MARIE J</b>	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME <b>BRUNACHE, MARIE J</b>	<b>1759 MARSEILLE DRIVE, #5</b>	5.2 NAME	
STREET ADDRESS <b>1759 MARSEILLE DRIVE, #5</b>	<b>MIAMI BEACH FL</b>	5.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI BEACH FL</b>		5.4 CITY - ST - ZIP	
TITLE <b>AT</b>	<b>ERICIER, ROSITA B</b>	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	<b>None.</b>
NAME <b>ERICIER, ROSITA B</b>	<b>5121 N.W. 2ND AVENUE</b>	6.2 NAME	
STREET ADDRESS <b>5121 N.W. 2ND AVENUE</b>	<b>MIAMI FL</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP <b>MIAMI FL</b>		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 president 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 applicable, or on an attachment with an address

SIGNATURE: Rev. Jacques A. Brunache, PD **05-01-95** **305-949-7240**  
Typed Name and Title of Signing Officer or Director Date Telephone Number