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May 16 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 # N93000003343 (1)

1. Corporation Name

MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE, INC.



Principal Place of Business

Mailing Address

450 N.E. 79TH STREET
MIAMI FL 33150
US

P.O. BOX 380636
MIAMI FL 33238-0636
US

3. Date Incorporated or Qualified
07/26/1993

3a. Date of Last Report
05/01/1996

2. Principal Place of Business

2a. Mailing Address

21 450 NW 79 STREET
Suite, Apt. #, etc.
22 MIAMI, FL. 33150

26 P.O. BOX 380636
Suite, Apt. #, etc.
27 MIAMI, FL. 33238

4. FEI Number
65-0426776

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

23 MIAMI, FL.
City & State

28 MIAMI, FL.
City & State

24 Zip 33150

25 Country DADE

29 Zip 33238

30 Country DADE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

THE LAW FIRM LAWRENCE J SPIEGEL, CHARTERED
343 ALMERIA AVE
CORAL GABLES FL 33134

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 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	PD	<input type="checkbox"/> DELETE
NAME	BRUNACHE, JACQUES A REV	
STREET ADDRESS	1759 MARSEILLES DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	BRUNACHE, MARIE M	
STREET ADDRESS	1759 MARSEILLE DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	FERON, JULNEAU	
STREET ADDRESS	7400 N.E. 6TH COURT, #8	
CITY-ST-ZIP	MIAMI FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	DIROGENE, ETIENNE	
STREET ADDRESS	2033 CALAIS DRIVE #4	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	BRUNACHE, MARIE J	
STREET ADDRESS	1759 MARSEILLE DRIVE, #5	
CITY-ST-ZIP	MIAMI BEACH FL	
TITLE	AT	<input type="checkbox"/> DELETE
NAME	ERICIER, ROSITA B	
STREET ADDRESS	5121 N.W. 2ND AVENUE	
CITY-ST-ZIP	MIAMI FL	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TD LUCIEN, JACQUES
3.3 STREET ADDRESS	13700 NE 6TH. AVE. #313
3.4 CITY-ST-ZIP	MIAMI, FL. 33161
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	VPD FORNES, CARMEN
4.3 STREET ADDRESS	550 SW 115 AVE. E-1
4.4 CITY-ST-ZIP	MIAMI, FL. 33161.
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	AT FERON, BERNADIN
6.3 STREET ADDRESS	13700 NE 6TH. AVE. # 313
6.4 CITY-ST-ZIP	MIAMI, FL. 33161

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: *Jacques Brunache* 4-28-97

CF2E037 (9/96)