

FILE NOW: FILING FEE IS \$61.25

FILED
May 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000003343 (1)
1. Corporation Name
MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE, INC.



Principal Place of Business 450 NW 79TH STREET MIAMI FL 33150 US	Mailing Address P.O. BOX 380636 MIAMI FL 33328 US
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3. Date Incorporated or Qualified 07/26/1993
4. FEI Number 65-0426776
Applied For Not Applicable

2. Principal Place of Business 21 6319 NW 2nd AVE Suite, Apt. #, etc.	2a. Mailing Address 26 P.O. BOX 380636 Suite, Apt. #, etc.
22 City & State 23 MIAMI Florida	27 City & State 28 MIAMI, Florida
24 Zip 33150	25 Country DADE
29 Zip 33238	30 Country DADE

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

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
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	BRUNACHE, JACQUES A REV		
1759 MARSEILLES DRIVE, #5	MIAMI BEACH FL	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
SD	BRUNACHE, MARIE M	2.1 TITLE	2.2 NAME
1759 MARSEILLE DRIVE, #5	MIAMI BEACH FL	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
TD	LUCIEN, JACQUES	3.1 TITLE	3.2 NAME
13700 NE AVE, #313	MIAMI FL	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
VPD	FORNES, CARMEN	4.1 TITLE	4.2 NAME
550 SW 115TH AVE, #E-1	MIAMI FL	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
AS	BRUNACHE, MARIE J	5.1 TITLE	5.2 NAME
1759 MARSEILLE DRIVE, #5	MIAMI BEACH FL	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
AT	FERON, BERNADIN	6.1 TITLE	6.2 NAME
13700 NE 6TH AVE, #313	MIAMI FL	6.3 STREET ADDRESS	6.4 CITY - ST - ZIP

N/A

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.

SIGNATURE:  05-01-98 305 944-7240

CRE037 (10/97)