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Secretary of State

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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N93000003343

1. Corporation Name

**MT. SION EGLISE EVANGELIQUE LA FOI APOSTOLIQUE,
 INC.**

* 5 3 1 7 8 8 *
 531700 - 90118 - 18

Principal Place of Business

Mailing Address

6319 NW 2ND AVE
 MIAMI FL 33150

POB 380636
 MIAMI FL 33238
 US

*6909 Biscayne Blvd.
 Miami, FL 33138 - US.*



2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21 *6909 Biscayne Blvd.*

26 *P.O. BOX 380636*

07/26/1993

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

22 *6909 Biscayne Blvd.*

65-0426776

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

23 *Miami FL*

28 *Miami FL*

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

Zip

Country

Zip

Country

24 *33138*

25 *DADE*

29 *33238*

30 *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

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

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	NAME	STREET ADDRESS	CITY-ST-ZIP	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
PD	BRUNACHE, JACQUES A REV	1759 MARSEILLES DRIVE, #5	MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
SD	BRUNACHE, MARIE M	1759 MARSEILLE DRIVE, #5	MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
TD	LUCIEN, JACQUES	13700 NE AVE, #313	MIAMI FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
VPD	FORNES, CARMEN	550 SW 115TH AVE, #E-1	MIAMI FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
AS	BRUNACHE, MARIE J	1759 MARSEILLE DRIVE, #5	MIAMI BEACH FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
AT	FERON, BERNADIN	13700 NE 6TH AVE, #313	MIAMI FL	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		

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, with all other like empowered.

SIGNATURE: *J. Brunache*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: *5-1-99*
 Daytime Phone #

CR2E037 (1/98)