

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 30, 1999 8:00 am
Secretary of State

08-30-1999 90011 026 ****61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N93000004865

1. Corporation Name

YAHWEH UNIVERSAL CHURCH (Y'HVH), CORP.

Principal Place of Business

2712 NW 29 AVE
MIAMI FL 33172
US

Mailing Address

8231 SW 107 AVE
#D
MIAMI FL 33173
US



610774-90611-26

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2712 NW 27 AVE		26 9540 SW 36 St		10/28/1993	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27 # B		65-0436414	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 MIAMI FL		28 MIAMI FL		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
24 33172		29 33165		30 US	
Country		Country		Country	
25 US		29 33165		30 US	

9. Name and Address of Current Registered Agent

CARLOS ALBERTO SILVA SANTISTEBAN
8231 SW 107TH AVE., #D
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name **CARLOS ALBERTO SILVA SANTISTEBAN**
82 Street Address (P.O. Box Number is Not Acceptable)
15279 SW 134 CT
83 # 1204
84 City **MIAMI** FL 85 Zip Code **33177**

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 **Carlos Silva-Santisteban**

08-15-99

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required for non-renewal.)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	BPD <input type="checkbox"/> DELETE	1.1 TITLE	BPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA-SANTISTEBAN, CARLOS ALBERTO	1.2 NAME	SILVA-SANTISTEBAN CARLOS A
STREET ADDRESS	8231 SW 107 AVE #D	1.3 STREET ADDRESS	15279 SW 134 CT # 1204
CITY-ST-ZIP	MIAMI FL 33173	1.4 CITY-ST-ZIP	MIAMI FL 33177
TITLE	TD <input type="checkbox"/> DELETE	2.1 TITLE	CPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARDENAS, ZELMIRA	2.2 NAME	ALVAREZ JOSE REIMUNDO
STREET ADDRESS	8231 SW 107 AVE #D	2.3 STREET ADDRESS	9540 SW 36 ST
CITY-ST-ZIP	MIAMI FL 33173	2.4 CITY-ST-ZIP	MIAMI FL 33165
TITLE	CPD <input type="checkbox"/> DELETE	3.1 TITLE	TD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALVAREZ, JOSE	3.2 NAME	SUARES ALBERTO
STREET ADDRESS	9540 SW 36 ST	3.3 STREET ADDRESS	2712 NW 29 AVE
CITY-ST-ZIP	MIAMI FL 33165	3.4 CITY-ST-ZIP	MIAMI FL 33172
TITLE	SEC <input type="checkbox"/> DELETE	4.1 TITLE	CPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA-SANTISTEBAN, CARLOS JR	4.2 NAME	GARATE LUCIA T
STREET ADDRESS	8231 S.W. 107 AVE. #D	4.3 STREET ADDRESS	9670 SW 138 AVE
CITY-ST-ZIP	MIAMI FL 33173	4.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	CPD <input type="checkbox"/> DELETE	5.1 TITLE	CPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUARES, ALBERTO	5.2 NAME	GONZALEZ LUSIA D.
STREET ADDRESS	2712 NW 29TH AVE	5.3 STREET ADDRESS	9670 SW 138 AVE
CITY-ST-ZIP	MIAMI FL 33172	5.4 CITY-ST-ZIP	MIAMI FL 33186
TITLE	S <input type="checkbox"/> DELETE	6.1 TITLE	CPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUAREZ, MARIA	6.2 NAME	MARIA SUARES
STREET ADDRESS	2712 NW 29TH AVE	6.3 STREET ADDRESS	2712 NW 29 AVE
CITY-ST-ZIP	MIAMI FL 33172	6.4 CITY-ST-ZIP	MIAMI FL 33186

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: **SANTISTEBAN**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

08-22-99 (305) 971-1047

Date

Daytime Phone #

CR2E037 (5/99)