FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT

1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 12:12

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # N94000001721 (9)

1. Corporate Name

NEW WINE FELLOWSHIP/COMUNIDADE EVANGELICA VINHO NOVO, INC.

Principal Place of Business	Mailing Address
140 NE 5TH AVE DEERFIELD BEACH FL 33441	140 NE 5TH AVE DEERFIELD BEACH FL 33441

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/04/1994	3a. Date of Last Report
4. FEI Number: 65-0472087	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
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐	$68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No	

2. Principal Place of Business	2a. Mailing Address
21 Above	26 Above
22 Suite, Apt. # etc.	27 Suite, Apt. # etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
BRUM, PEDRO 140 NE 5TH AVE DEERFIELD BEACH FL 33441	81 Name: SAME 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	BRUM, PEDRO
STREET ADDRESS	599 W CONFERENCE DR
CITY-ST-ZIP	BOCA RATON FL 33486
TITLE	D
NAME	DOS SANTOS, JOAO C
STREET ADDRESS	929 SPRING CIR #106
CITY-ST-ZIP	DEERFIELD BEACH FL 33441
TITLE	D
NAME	ROCHA, PAULO A
STREET ADDRESS	3486 NW 47TH AVE
CITY-ST-ZIP	COCONUT CREEK FK
TITLE	D
NAME	BERGMANN, FLAVIO V
STREET ADDRESS	4830 MARINES WAY #N
CITY-ST-ZIP	COCONUT CREEK FL
TITLE	D
NAME	DE SOUZA, ARMANDO
STREET ADDRESS	1501 NW 13TH ST #2
CITY-ST-ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
1 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
2 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
3 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
4 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
5 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
6 TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

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(1)(i), Florida Statutes. I further certify that the information indicated on the 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: Pedro Brum — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/26/95 — DATE

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