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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DOCUMENT # N95000000327 (5)

1. Corporation Name

SEKAI KYUSEI KYO - CHURCH OF WORLD MESSIANITY OF  
FLORIDA, INC.

Principal Place of Business

Mailing Address

80 SW 8TH ST. 2065  
MIAMI FL 33130

80 SW 8TH ST. 2065  
MIAMI FL 33130-3003

3. Date Incorporated or Qualified  
01/24/1995

3a. Date of Last Report  
07/17/1996

2. Principal Place of Business

2a. Mailing Address

21 80 SW 8 ST

26 80 SW 8 ST

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SUITE 2027

27 SUITE 2027

City & State

City & State

23 MIAMI, FL

28 MIAMI, FL

Zip

Country

Zip

Country

24 33130

25 USA

29 33130

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OKADA, YASUHIRO  
80 SW 8TH ST. 2065  
MIAMI FL 33130

81 Name WLMC REGISTERED AGENTS, INC.  
82 Street Address (P.O. Box Number is Not Acceptable)  
701 BRICKELL AVENUE  
83 SUITE 2000  
84 City MIAMI FL 85 Zip Code 33131

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 WLMC REGISTERED AGENTS, INC. By Schermine E. Lucio

4/28/97

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP  
NAME KAMBE, NOBORU  
STREET ADDRESS INSURGENTES SUR 659, COL. NAPOLES C.P.  
CITY-ST-ZIP MEXICO D.F. 03810

TITLE ~~DP~~  
NAME KAWAI, TOSHIKI  
STREET ADDRESS ANTONIO BELLET NO. 800, SANTIAGO 9  
CITY-ST-ZIP SANTIAGO DE CHILE

TITLE DST  
NAME OKADA, YASUHIRO  
STREET ADDRESS MARICOPA 10 7 PISO, COL. NAPOLES  
CITY-ST-ZIP 03180 MEXICO, D.F.

TITLE ~~DP~~  
NAME ~~OKADA, YASUHIRO~~  
STREET ADDRESS ~~MARICOPA 10 7 PISO, COL. NAPOLES~~  
CITY-ST-ZIP ~~03180 MEXICO, D.F.~~

TITLE ~~DP~~  
NAME ~~OKADA, YASUHIRO~~  
STREET ADDRESS ~~MARICOPA 10 7 PISO, COL. NAPOLES~~  
CITY-ST-ZIP ~~03180 MEXICO, D.F.~~

TITLE ~~DP~~  
NAME ~~OKADA, YASUHIRO~~  
STREET ADDRESS ~~MARICOPA 10 7 PISO, COL. NAPOLES~~  
CITY-ST-ZIP ~~03180 MEXICO, D.F.~~

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE DP  
2.2 NAME  
2.3 STREET ADDRESS MARTIN DE ZAMORA 3166  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE V/D  
5.2 NAME HIRAZUMI, MASAHICO  
5.3 STREET ADDRESS MARTIN DE ZAMORA 3166  
5.4 CITY-ST-ZIP SANTIAGO, CHILE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MASAHICO HIRAZUMI 4/28/97 305-358-2129

Date

Daytime Phone # 0028757

CR2E037 (9/96)