


FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Mar 23, 1999 8:00 am**  
**Secretary of State**

03-23-1999 90071 012 \*\*\*\*70.00

<b>NONPROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N95000000476**

1. Corporation Name

**EGLISE BAPTISTE PHARE LUMINEUX, INC.**

Principal Place of Business

8433 NE 2ND AVE  
MIAMI FL 33138  
US

Mailing Address

13700 NE 6TH AVE  
#215  
MIAMI FL 33161  
US



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 8433 NE 2nd Ave	26 745 NE 163rd St	01/31/1995
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	4. FEI Number
		65-0513626
23 City & State	28 City & State	5. Certificate of Status Desired
MIAMI FL	MIAMI FL	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 Zip	29 Zip	6. Election Campaign Financing
33138	33162	<input type="checkbox"/> \$5.00 May Be Added to Fees
25 Country	30 Country	
Dade	Dade	

9. Name and Address of Current Registered Agent

**AMERILAWYER**  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
AMERILAWYER	33134
82 Street Address (P.O. Box Number is Not Acceptable)	
343 ALMERIA AVE	
83	
84 City	
Coral Gables, 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

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	P <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DELFI, JEAN C REV	1.2 NAME	Delfis, Jean C. Rev.
STREET ADDRESS	13700 NE 6TH AVENUE #215	1.3 STREET ADDRESS	535, NE 160th Terr.
CITY-ST-ZIP	MIAMI FL 33161	1.4 CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, DIEUDACE	2.2 NAME	Pierre, Dieudace
STREET ADDRESS	1735 NE 180 STREET	2.3 STREET ADDRESS	1735 NE 180 St
CITY-ST-ZIP	NORTH MIAMI FL 33162	2.4 CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLEURANTIN, DENIS	3.2 NAME	Rev. Fleurantin, Denis
STREET ADDRESS	9220 NW 3RD AVENUE	3.3 STREET ADDRESS	9220 NW 3rd Ave
CITY-ST-ZIP	MIAMI FL 33150	3.4 CITY-ST-ZIP	MIAMI, FL 33150
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BELICE, DESRAMEAUX	4.2 NAME	Dorval, Carlo
STREET ADDRESS	2316 NW 104 ST	4.3 STREET ADDRESS	8012 NE 7th Ave
CITY-ST-ZIP	MIAMI FL 33150	4.4 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	T <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELGE, GABIE	5.2 NAME	Noel, Prophetia
STREET ADDRESS	1021 NE 160 ST	5.3 STREET ADDRESS	1021 NE 160 St
CITY-ST-ZIP	MIAMI FL 33162	5.4 CITY-ST-ZIP	N. Miami Beach, FL 33162
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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:

*Signature of Jean C. Delfis* **REQUIRE** Jean C. Delfis 03-11-99

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 03/11/99 Daytime Phone # 856-9210

CR2E037 (11/98)