SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998

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

FILED
Sep 17 1998 8:00am
Secretary of State

DOCUMENT # N95000005024 (3)

1. Corporation Name

ASSEMBLEIA DE DEUS-MINISTERIO DO BELEM, INC.

Principal Place of Business	Mailing Address
856 NO. FEDERAL HWY POMPANO BEACH FL 33062	856 NO. FEDERAL HWY POMPANO BEACH FL 33062

3. Date Incorporated or Qualified: 10/20/1995

4. FEI Number: 65-0616904 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business (21): 3990 N. Federal HWY
Suite, Apt. #, etc. (22):
City & State (23): LIGHTHOUSE POINT, FL
Zip (24): 33064 Country (25):

2a. Mailing Address (26):
Suite, Apt. #, etc. (27):
City & State (28):
Zip (29): Country (30):

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. Is this nonprofit corporation a homeowners association? ☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

DA SILVA, SEVERINO P
843 RICH DRIVE STE 201
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name: COSTA, JOEL FREIRE
82 Street Address (P.O. Box Number is Not Acceptable): 12823 Hyland Circle
83:
84 City: BOCA RATON FL 85 Zip Code: 33428

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 _____ 9/6/98
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	PD	☒ DELETE	1.1 TITLE	PD	☐ Change ☒ Addition
NAME	DA SILVA, SEVERINO P		1.2 NAME	COSTA, JOEL FREIRE	
STREET ADDRESS	843 RICH DRIVE STE 201		1.3 STREET ADDRESS	12823 Hyland Circle	
CITY-ST-ZIP	DEERFIELD BEACH FL 33441		1.4 CITY-ST-ZIP	BOCA RATON, FL 33428	
TITLE	SD	☒ DELETE	2.1 TITLE	VD (1st)	☐ Change ☒ Addition
NAME	NASCIMENTO, AFONSO		2.2 NAME	DE SOUZA, NILSON ALVES	
STREET ADDRESS	4020 EAST 8TH AVENUE		2.3 STREET ADDRESS	2981 NW 92nd AVE	
CITY-ST-ZIP	HIALEAH FL 33013		2.4 CITY-ST-ZIP	CORAL SPRINGS, FL 33065	
TITLE	TD	☐ DELETE	3.1 TITLE	VD (2nd)	☐ Change ☒ Addition
NAME	AGUIAR, ISMAEL V		3.2 NAME	SANTOS, JOANITO	
STREET ADDRESS	370 SE 2ND AVE # G4		3.3 STREET ADDRESS	8137 Country Park Dr.	
CITY-ST-ZIP	DEERFIELD BEACH FL		3.4 CITY-ST-ZIP	BOCA RATON, FL 33433-7621	
TITLE		☐ DELETE	4.1 TITLE	SD (1st)	☐ Change ☒ Addition
NAME			4.2 NAME	VASCONCELOS, JOSE ALVES	
STREET ADDRESS			4.3 STREET ADDRESS	1721 NE 39 St	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	POMPANO BEACH, FL 33064	
TITLE		☐ DELETE	5.1 TITLE	SD (2nd)	☐ Change ☒ Addition
NAME			5.2 NAME	DUTRA, JADER ALVES	
STREET ADDRESS			5.3 STREET ADDRESS	4128 EASTRIDGE CIRCLE	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	POMPANO BEACH , FL 33064	
TITLE		☐ DELETE	6.1 TITLE	TD (2nd)	☐ Change ☒ Addition
NAME			6.2 NAME	ANDRADE, UZIAS BARROS	
STREET ADDRESS			6.3 STREET ADDRESS	12823 Hyland Circle	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	BOCA RATON, FL 33428	

CR2E037 (5/98)

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.

SIGNATURE: _____ 9/6/98 (954) 782-0430
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #