

FILE NOW: FILING FEE IS \$61.25

FILED

May 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000001799 (3)

1. Corporation Name

EGLISE BAPTISTE MISSIONNAIRE DE MIAMI, INC.



Principal Place of Business

Mailing Address

10 NE 124 TERRACE
MIAMI FL 33161

10 NE 124 TERRACE
MIAMI FL 33161-5352

3. Date Incorporated or Qualified
03/27/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc.

26 Suite, Apt #, etc.

22 City & State

27 City & State

24 Zip

Country

29 Zip

Country

4. FEI Number 65-0722188

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

POITEW, ANDRE
121 NE 23 COURT
POMPANO BEACH FL 33060

81 Name

ANASTHA SAINVIL

82 Street Address (P.O. Box Number is Not Acceptable)

10 N.E. 124th Terrace

83

Miami, Florida 33161-5352

84 City

FL

85

Zip Code

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

(Type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4-16-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	POITEW, ANDRE	
STREET ADDRESS	121 NE 23 COURT	
CITY-ST-ZIP	POMPANO BEACH FL 33060	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MILIEN, ENOCK	
STREET ADDRESS	350 NE 51 STREET	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	SAINVIL, ANASTHA	
STREET ADDRESS	10 NE 124 TERRACE	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	GEDEON, SANTALISE	
STREET ADDRESS	505 NW 123 ST	
CITY-ST-ZIP	MIAMI FL 33167	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DARY, PHARICE	
STREET ADDRESS	105 NE 127 ST	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BEAUBRUN, BONIFACE	
STREET ADDRESS	2534 JOHNSON ST	
CITY-ST-ZIP	HOLLYWOOD FL 33020	

1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PD ANASTHA SAINVIL
1.3 STREET ADDRESS	10 N.E. 124th Street, Miami, FL 33161
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 unchanged or on an attachment with an address.

ANASTHA SAINVIL, President

SIGNATURE:

(Type or printed name of signing officer or director)

Date

Daytime Phone # 003.1763

7-31-97

CR2E037 (9/96)