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NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N96000001989

1. Corporation Name
EGLISE EVANGELIQUE DES RACHETES, INC.

Principal Place of Business
 422 NW 54TH STREET
 MIAMI FL 33127

Mailing Address
 1017 NW 114TH STREET
 MIAMI FL 33168
 US



21 422 N.W. 54 Street Suite, Apt. #, etc.	2a. Mailing Address 26 1017 N.W. 114 Street Suite, Apt. #, etc.	3. Date Incorporated or Qualified 04/09/1996
22	27	4. FEI Number 65-0734425 Applied For Not Applicable
23 MIAMI FLA City & State	28 MIAMI FLA City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
24 33127 Zip	25 Dade Country	29 33168 Zip
30 Dade Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent LOUIS, JOANIS REV. 1017 NW 114TH STREET MIAMI FL 33168	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	D
NAME	LOUIS, JOANIS R	1.2 NAME	Louis, JOANIS Rev.
STREET ADDRESS	1017 NW 114TH ST	1.3 STREET ADDRESS	1017 NW 114 Street
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIA. FLA 33168
TITLE	AD	2.1 TITLE	AD
NAME	LOUIS, JEAN M	2.2 NAME	Michel Severe
STREET ADDRESS	1070 NW 112TH TER	2.3 STREET ADDRESS	515 NE 131 Street
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIAMI FLA 33168
TITLE	TD	3.1 TITLE	TD
NAME	FRANCOIS, YVANNE	3.2 NAME	JESULA MATHURIN
STREET ADDRESS	157 NW 69TH ST	3.3 STREET ADDRESS	6400 NW 2 AVENUE
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	MIAMI FLA 33157
TITLE	SD	4.1 TITLE	SD
NAME	DIENVIL, MARIE J	4.2 NAME	Jocelyne BALTISTA
STREET ADDRESS	1070 NE 136TH ST	4.3 STREET ADDRESS	1855 NW 111 Street
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	MIAMI FL 33167
TITLE	M	5.1 TITLE	M
NAME	DUVERSANT, JOSEPH	5.2 NAME	MARIE. J. Louis
STREET ADDRESS	422 NW 54TH ST	5.3 STREET ADDRESS	1017 NW 114 Street
CITY-ST-ZIP	MIAMI FL	5.4 CITY-ST-ZIP	MIAMI FL 33168
TITLE	M	6.1 TITLE	M
NAME	SEVERE, MICHEL	6.2 NAME	MARIE R. Andre
STREET ADDRESS	471 NE 83 ST.	6.3 STREET ADDRESS	1070 N.W 112 Ter
CITY-ST-ZIP	MIAMI FL 33138	6.4 CITY-ST-ZIP	MIAMI FLA 33168

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] DATE: April 10, 1999
 Signature, typed or printed name of signing officer or director Daytime Phone: (305) 759-4896

CR2E037 (11/98)