

FILE NOW: FILING FEE IS \$61.25

FILED

May 20 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N96000002059 (1)

1. Corporation Name

EGLISE EVANGELIQUE BAPTISTE BERE, INC.



Principal Place of Business

Mailing Address

8011 N.E. MIAMI COURT
MIAMI FL 33138

P.O. BOX 612733
N. MIAMI FL 33261-2733

3. Date Incorporated or Qualified

04/17/1996

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 802 NW 111st

28

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Miami Fla.

27

City & State

City & State

23 33168

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREVLON, IMALES
630 NW 107 STREET
MIAMI FL 33168

B1 Name Imales Previllon

B2 Street Address (P.O. Box Number is Not Acceptable)

630 NW 107 St

B3 Miami

Fla. 33168

B4 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 Imales Previllon

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

(NOTE: Registered Agent signature required when reinstating)

3-20-97

DATE

12. OFFICERS AND DIRECTORS

13. OFFICERS AND DIRECTORS IN 12

TITLE DELETE

1.1 TITLE Change Addition

NAME Director

1.2 NAME Director

STREET ADDRESS

1.3 STREET ADDRESS

CITY-ST-ZIP

1.4 CITY-ST-ZIP

Director Imales Previllon

630 NW 107 St

Mia, Fla 33168

TITLE DELETE

2.1 TITLE Change Addition

Director Usie Mondestin

1795 NE 116 Rd #113

Mia, Fla 33181

TITLE DELETE

2.2 TITLE Change Addition

Director Misrose Aristilde

1025 NE 135 St

Miami Fla. 33161

TITLE DELETE

2.3 TITLE Change Addition

TITLE DELETE

2.4 TITLE Change Addition

TITLE DELETE

3.1 TITLE Change Addition

TITLE DELETE

3.2 TITLE Change Addition

TITLE DELETE

3.3 TITLE Change Addition

TITLE DELETE

3.4 TITLE Change Addition

TITLE DELETE

4.1 TITLE Change Addition

TITLE DELETE

4.2 TITLE Change Addition

TITLE DELETE

4.3 TITLE Change Addition

TITLE DELETE

4.4 TITLE Change Addition

TITLE DELETE

5.1 TITLE Change Addition

TITLE DELETE

5.2 TITLE Change Addition

TITLE DELETE

5.3 TITLE Change Addition

TITLE DELETE

5.4 TITLE Change Addition

TITLE DELETE

6.1 TITLE Change Addition

TITLE DELETE

6.2 TITLE Change Addition

TITLE DELETE

6.3 TITLE Change Addition

TITLE DELETE

6.4 TITLE Change Addition

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 REQUIRED Imales Previllon 3-20-97

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0034106

CR2E037 (9/96)