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FILED
Jun 18 1997 8:00am
Secretary of State

CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT #

1. Corporation Name

IGREJA EVANGELICA MISSIONARIA
EL-SHADDAI, INC.

Principal Place of Business

Mailing Address

17070 COLLINS AVE STE 267
NORTH MIAMI BEACH,
FL 33160

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05-31-96.

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24 25 26 27 28 29 30

2a. Mailing Address

2b 17070 COLLINS AVE

2c Suite, Apt. #, etc.

2d 267

2e City & State

2f NORTH MIAMI BEACH

2g Zip

2h 33160

2i Country

2j DADE

4. FEI Number

65-0670170

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$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

FRANCISCO DANIEL DA SILVA
17070 COLLINS AVE STE 267
NORTH MIAMI BEACH, FL 33160

10. Name and Address of New Registered Agent

81 Name NILS GORAN BERGSTEN

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

400 KINGS POINT DR #1409

83

84 City NORTH MIAMI BEACH

FL

85 Zip Code 33160

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reappointing)

DATE

06-13-97

12. OFFICERS AND DIRECTORS	
TITLE	PRESIDENT - TREASURER ☒ DELETE
NAME	FRANCISCO DANIEL DA SILVA
STREET ADDRESS	17070 COLLINS AVE SUITE 267
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	VICE-PRESIDENT ☒ DELETE
NAME	NILS GORAN BERGSTEN
STREET ADDRESS	400 KINGS POINT DR #1409
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	SECRETARY ☒ DELETE
NAME	LIDIA FERNANDES DA SILVA
STREET ADDRESS	17070 COLLINS AVE SUITE 267
CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT - VICE - PRESIDENT ☒ Change ☐ Addition
1.2 NAME	NILS GORAN BERGSTEN
1.3 STREET ADDRESS	400 KINGS POINT DR #1409
1.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
2.1 TITLE	SECRETARY - DIRECTOR ☒ Change ☐ Addition
2.2 NAME	GORETE KELLEY
2.3 STREET ADDRESS	411 POINCIANA JSL DR.
2.4 CITY-ST-ZIP	NORTH MIAMI BEACH, FL 33160
3.1 TITLE	TREASURER - DIRECTOR ☒ Change ☐ Addition
3.2 NAME	DERMEVAL NASCIMENTO
3.3 STREET ADDRESS	9390 EAST BAY HARBOUR DR #3
3.4 CITY-ST-ZIP	BAY HARBOUR / FL 33154
4.1 TITLE	
4.2 NAME	
4.3 STREET ADDRESS	100002216601
4.4 CITY-ST-ZIP	-06/19/97--01003--001
5.1 TITLE	
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or as an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

06-13-97

(305) 949-5711