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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000003854

1. Corporation Name

MISSION INTERNATIONALE DU CANAAN, INC.

Principal Place of Business

7930 SW 10TH CT #B
N LAUDERDALE FL

Mailing Address

7930 SW 10TH CT #B
N LAUDERDALE FL

3 5 9 4 7 8 - 9 0 1 0 2 - 6



2. Principal Place of Business		2a. Mailing Address	3. Date Incorporated or Qualified
21	Suite, Apt. #, etc.	2b. 7703 S.W. 5 st.	07/22/1996
22	City & State	27	4. FEI Number
23	Zip	28. North. Lauderdale Fl.	65-0686094
24	Country	29. 33068	Applied For
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
BEAUBRUN, GERALD 7930 SW 10TH CT #B N LAUDERDALE FL		81 Name Gerald Beaubrun 82 Street Address (P.O. Box Number is Not Acceptable) 7703 S.W. 5 st. 83 City North Lauderdale 84 FL 85 Zip Code 33068	
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 <i>Gerald Beaubrun</i>		DATE 05-07-99	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPT	1.1 TITLE	DPT
NAME	BEAUBRUN, GERALD	1.2 NAME	Beaubrun Gerald
STREET ADDRESS	7930 SW 10TH CT #B	1.3 STREET ADDRESS	7703 S.W. 5 st.
CITY-ST-ZIP	N LAUDERDALE FL	1.4 CITY-ST-ZIP	N. Lauderdale Fl 33068
TITLE	DV	2.1 TITLE	D.V.
NAME	BEAUBRUN, MARIE MD	2.2 NAME	Beaubrun Marie
STREET ADDRESS	7930 SW 10TH CT #B	2.3 STREET ADDRESS	7703 S.W. 5 st.
CITY-ST-ZIP	N LAUDERDALE FL	2.4 CITY-ST-ZIP	N. Lauderdale Fl
TITLE	DVS	3.1 TITLE	DVS
NAME	ST LOT, RAYMOND	3.2 NAME	St Lot Raymond
STREET ADDRESS	7930 SW 10TH CT #B	3.3 STREET ADDRESS	7703 S.W. 5 st.
CITY-ST-ZIP	N LAUDERDALE FL	3.4 CITY-ST-ZIP	N. Lauderdale Fl 33068
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04-16-99

Date

Daytime Phone #

954 720-9330

CR02037 (1198)