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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 # N96000004879

1. Corporation Name

IGREJA EVANGELICA MISSIONARIA EL-SHADDAI OF MIAMI BEACH, INC

Principal Place of Business

1125-71 STREET
 MIAMI BEACH FL 33141

Mailing Address

P.O. BOX 41-5432
 MIAMI BEACH FL 33141



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 1125-71 STREET	09/19/1996
22 City & State	27 Suite, Apt. #, etc.	4. FEI Number
23 Zip	28 MIAMI BEACH - FL	65-0713913
24 Country	29 33141	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
25	30 USA	6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DE LUNA RAMALHO, SOLANGE
 1865 J.F. KENNEDY CSWY
 SUITE 7-K
 NORTH BAY VILLAGE FL 33141

10. Name and Address of New Registered Agent

81 Name ERNESTO A. HUERTAS
 82 Street Address (P.O. Box Number is Not Acceptable) 5545 S.W. 8th ST STE 207
 83
 84 City MIAMI FL 85 Zip Code 33134

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

[Signature]

(NOTE: Registered Agent signature required when reinstating)

DATE

04-13-99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	DA SILVA, FRANCISCO D	1.2 NAME	DA SILVA, FRANCISCO D
STREET ADDRESS	17070 COLLINS AVE., SUITE 267	1.3 STREET ADDRESS	2000 ISLAND BLVD, #2803
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	1.4 CITY-ST-ZIP	WILLIAMS ISLAND - FL - 33.160
TITLE	VD	2.1 TITLE	VD
NAME	DA SILVA, LIDIA F	2.2 NAME	DA SILVA, LIDIA F
STREET ADDRESS	17070 COLLINS AVE., SUITE 267	2.3 STREET ADDRESS	2.000 ISLAND BLVD, #2803
CITY-ST-ZIP	NORTH MIAMI BEACH FL 33160	2.4 CITY-ST-ZIP	WILLIAMS ISLAND - FL - 33160
TITLE	SD	3.1 TITLE	
NAME	KELLEY, GORETE M	3.2 NAME	
STREET ADDRESS	411 POINCIANA ISLAND	3.3 STREET ADDRESS	
CITY-ST-ZIP	SUNNY ISLES FL 33160	3.4 CITY-ST-ZIP	
TITLE	TD	4.1 TITLE	
NAME	NASCIMENTO, DERMEVAL	4.2 NAME	
STREET ADDRESS	9390 EAST BAY HARBOUR DR. #3	4.3 STREET ADDRESS	
CITY-ST-ZIP	BAY HARBOUR ISLANDS FL 33154	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]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/13/99 - 305.8654030

Date

Daytime Phone #

CR2E037 (11/98)