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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 # N97000000005

1. Corporation Name
SOUTHERN GOSPEL TEAM (USA), INC.

Principal Place of Business
 1725 N.W. 108TH AVENUE
 PEMBROKE PINES FL 33026

Mailing Address
 1725 N.W. 108TH AVENUE
 PEMBROKE PINES FL 33026

450319 - 90239 - 32



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 01/01/1997
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0726377
22 City & State	27 City & State	Applied For Not Applicable
23 Zip	28 Zip	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 Country	29 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

FRITCHEY, CALVIN
 1725 N.W. 108TH AVENUE
 PEMBROKE PINES FL 33026

10. Name and Address of New Registered Agent

81 Name **PAUL THAYIL** **MISTAKE**
 82 Street Address (P.O. Box Number is Not Acceptable) **11720 SW 121ST AVE** **NO**
 83 City **MIAMI** **CHANGE #202**
 84 State **FL** **33186**

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

(NOTE: Registered Agent signature required when reinstating)

02/10/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	12 NAME	NO CHANGE
NAME	FRITCHEY, CALVIN	13 STREET ADDRESS	
STREET ADDRESS	1725 N.W. 108TH AVENUE	14 CITY-ST-ZIP	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	22 NAME	VD
TITLE	VD	23 STREET ADDRESS	THAYIL, PAUL
NAME	THAYIL, PAUL	24 CITY-ST-ZIP	11720 SW 121ST AVE
STREET ADDRESS	1725 N.W. 108TH AVENUE		MIAMI FL 33186
CITY-ST-ZIP	PEMBROKE PINES FL 33026	31 TITLE	
TITLE	VD	32 NAME	5385 NW 60TH DR
NAME	TITUS, JOHN T	33 STREET ADDRESS	CORAL SPRINGS FL 33067
STREET ADDRESS	1725 N.W. 108TH AVENUE	44 CITY-ST-ZIP	
CITY-ST-ZIP	PEMBROKE PINES FL 33026	41 TITLE	
TITLE		42 NAME	
NAME		43 STREET ADDRESS	
STREET ADDRESS		44 CITY-ST-ZIP	
CITY-ST-ZIP		51 TITLE	
TITLE		52 NAME	
NAME		53 STREET ADDRESS	
STREET ADDRESS		54 CITY-ST-ZIP	
CITY-ST-ZIP		61 TITLE	
TITLE		62 NAME	
NAME		63 STREET ADDRESS	
STREET ADDRESS		64 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

02/10/99

(954) 432-8787

Date

Daytime Phone #

CR2E037- (1/198)