


FILED

Apr 13 1998 8:00am
Secretary of State

<p>NONPROFIT CORPORATION ANNUAL REPORT 1998</p>		<p>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</p>
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DOCUMENT # N97000000328 (1)
1. Corporation Name
MESSIANIQUE TRAINING CENTER AND INSTITUTE, INC.

Principal Place of Business	Mailing Address
5420 NO STATE ROAD 7 FORT LAUDERDALE FL 33319	5420 NO STATE ROAD 7 FORT LAUDERDALE FL 33319

2. Principal Place of Business		2a. Mailing Address	
21		26	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	
City & State		City & State	
23		28	
Zip	Country	Zip	Country
24	25	29	30

3. Date Incorporated or Qualified 01/16/1997		
4. FEI Number 31-1539751	<input type="checkbox"/>	Applied For
	<input type="checkbox"/>	Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No		
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent		81	Name
VALBRUN, JOSEPH 520 NW 5TH STREET HALLANDALE FL		82	Street Address
		83	
		84	City

10. Name and Address of New Registered Agent		
ess (P.O. Box Number is Not Acceptable)		
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

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

(NOTE: Registered Agent signature required when reinstating)

DATE _____

12.		OFFICERS AND DIRECTORS
TITLE NAME STREET ADDRESS CITY - ST - ZIP	PD VALBRUN, JOSEPH 5420 NO STATE ROAD 7 FORT LAUDERDALE FL 33319	<input type="checkbox"/> DELETE <i>SAME</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	VSD VALBRUN, MARYSE 5420 NO STATE ROAD 7 FORT LAUDERDALE FL 33319	<input type="checkbox"/> DELETE <i>SAME</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	TD JNBAPTISTE, BETTY 5420 NO STATE ROAD 7 FORT LAUDERDALE FL 33319	<input type="checkbox"/> DELETE <i>NEW →</i>
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY - ST - ZIP		<input type="checkbox"/> DELETE

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	D PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOSEPH VALBRUN	
1.3 STREET ADDRESS	5420 N. STATE RD 7	
1.4 CITY - ST - ZIP	FT. LAUDERDALE, FL 33319	
2.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	MARYSE VALBRUN	
2.3 STREET ADDRESS	5420 N. STATE RD 7	
2.4 CITY - ST - ZIP	FT. LAUD. FL. 33319	
3.1 TITLE	D TREASURER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Betty JN Baptiste	
3.3 STREET ADDRESS	519 POSTER RD	
3.4 CITY - ST - ZIP	HOLLANDALE, FL 33009	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		25
5.3 STREET ADDRESS		4.13
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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.

CR2E037 (10/97)