

FILE NOW: FILING FEE IS \$61.25

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Mar 22, 1999 8:00 am
Secretary of State

03-22-1999 90030 020 ****61.25



NONPROFIT CORPORATION ANNUAL REPORT 1999	 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000003634

1. Corporation Name

MINISTERIO INTERNACIONAL ALPHA, INC.

Principal Place of Business

**1025 NE MIAMI GARDENS DRIVE
MIAMI FL 33179**

Mailing Address

**1025 NE MIAMI GARDENS DRIVE
MIAMI FL 33179**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		06/25/1997	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0762622	
24 Country		29 Country		5. Certificate of Status Desired <input type="checkbox"/>	
				\$8.75 Additional Fee Required	
				6. Election Campaign Financing <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CORREA, PAULO A JR
14732 S.W. 132ND PLACE
MIAMI FL 33186**

81 Name

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

83

84 City

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 617.0603, 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA, PAULO A	1.2 NAME	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	1.4 CITY-ST-ZIP	
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, JOSE C	2.2 NAME	ALVES, NATANAEL F.
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	2.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	MIAMI FL 33179	2.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE	TD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DA SILVA CORREA, ELIANE	3.2 NAME	DOS SANTOS, SERGIO
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	3.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	MIAMI FL 33179	3.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE	SD <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CORREA, PAULO A JR	4.2 NAME	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33179	4.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SILVA, APARECIDA D	5.2 NAME	DA CRUZ CORREA, ELIANE
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	5.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP	MIAMI FL 33179	5.4 CITY-ST-ZIP	MIAMI FL 33179
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	REZENDE, ANTONIO CARLOS
STREET ADDRESS		6.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP		6.4 CITY-ST-ZIP	MIAMI FL 33179

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

MARCH, 03/1999

(305) 947.1435

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date


Daytime Phone #

CONTINUE →

CR2E037 (11/98)

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NONPROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N97000003634					
1. Corporation Name MINISTERIO INTERNACIONAL ALPHA, INC.					
Principal Place of Business 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179			Mailing Address 1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179		



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/25/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0762622	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country		

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
CORREA, PAULO A JR 14732 S.W. 132ND PLACE MIAMI FL 33186				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORREA, PAULO A			1.2 NAME	LUCENA, ROBERTO ALVES DE		
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			1.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
CITY-ST-ZIP	MIAMI FL 33179			1.4 CITY-ST-ZIP	MIAMI FL 33179		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	VD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SILVA, JOSE C			2.2 NAME	PEREIRA, SEBASTIÃO SANTOS		
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			2.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
CITY-ST-ZIP	MIAMI FL 33179			2.4 CITY-ST-ZIP	MIAMI FL 33179		
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	DA SILVA CORREA, ELIANE			3.2 NAME	OLIVEIRA, ANTÔNIO CARLOS DE		
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			3.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
CITY-ST-ZIP	MIAMI FL 33179			3.4 CITY-ST-ZIP	MIAMI FL 33179		
TITLE	SD	<input type="checkbox"/> DELETE		4.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	CORREA, PAULO A JR			4.2 NAME	PIRES, ALESSANDRO HORACI		
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			4.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
CITY-ST-ZIP	MIAMI FL 33179			4.4 CITY-ST-ZIP	MIAMI FL 33179		
TITLE	SD	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME	SILVA, APARECIDA D			5.2 NAME	CASTELLO, SELMA		
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			5.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
CITY-ST-ZIP	MIAMI FL 33179			5.4 CITY-ST-ZIP	MIAMI FL 33179		
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				6.2 NAME	NEVES, JOSÉ VIEIRA		
STREET ADDRESS				6.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
CITY-ST-ZIP				6.4 CITY-ST-ZIP	MIAMI FL 33179		

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SIGNATURE:

MARCH, 03 / 1999 (305) 947-1435

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NONPROFIT
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ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N97000003634

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Mailing Address

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22		27		65-0762622	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip			
24		29			
Country		Country			
25		30			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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81	Name
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TITLE	PD	<input type="checkbox"/> DELETE		1.1 TITLE	TD	<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addit
NAME	CORREA, PAULO A			1.2 NAME	CASTELLO, JOSE		
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			1.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
CITY-ST-ZIP	MIAMI FL 33179			1.4 CITY-ST-ZIP	MIAMI FL 33179		
TITLE	VD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	SILVA, JOSE C			2.2 NAME			
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			2.4 CITY-ST-ZIP			
TITLE	TD	<input checked="" type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change	<input type="checkbox"/> Addit
NAME	DA SILVA CORREA, ELIANE			3.2 NAME			
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33179			3.4 CITY-ST-ZIP			
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STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE			4.3 STREET ADDRESS			
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NAME	SILVA, APARECIDA D			5.2 NAME			
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