NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9700003634

1. Corporation Name

MIAMI FL 33179

MINISTERIO INTERNACIONAL ALPHA, INC.

Principal Place of Business 1025 NE MIAMI GARDENS DRIVE

2. Principal Place of Business

Mailing Address

2a. Mailing Address

1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179 FILED Mar 22, 1999 8:00 am Secretary of State

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



3. Date Incorporated or Qualifed

06/25/1997

Suite, Apt.	#, etc.	Suite, A	pt. #, etc.			)	4. FEI Number		1_14	Applied For
22	,	27				}	65-0762622			Not Applicable
City & State	•	City &	State				5. Certifcate of Status Desired		\$8.75	Additional
23	•	28				- 1	5. Certificate of Status Desired		Fee F	Required
Zip	Country	Zip	· 🕹 💮	Country			6. Election Campaign Financing		\$5.00	May Be
24	25	29	30			]	Trust Fund Contribution		Added	to Fees
\ <del></del>	9. Name and Address of Current	Registered A	jent				10. Name and Address of New I	Registered	Agent	
				81	Nam	n <del>e</del>			٠.	
CODDEA	PAULO A JR			82	Stron	ot Address	s (P.O. Box Number is Not Accept	able)		<del></del>
	V. 132ND PLACE			احدا	0.100	ar Addi Ca	-	, 		
MIAMI FL				83						
MINITAL FL	33100			<u> </u>	- C11-		<del></del>		85 Zir	Code
İ	_			84	City		•	[05] 21	Code	
11. Pursuant	to the provisions of Sections 617.0502 egistered agent, or both, in the State of	and 617.1508.	Florida Statutes,	the above	-name	ed corpora	tion submits this statement for the	purpose of	changing i	ts registered
office or r	egistered agent, or both, in the State of familiar with, and accept the obligat	of Florida, Such	change was auth	orized by	the co	rporation's	s board of directors, I hereby acce	pt the appoi	ntment as	registered
agent. Na	m tamiliar with, and accept the obligat	ions of, Section	617.0003, Pionas	o Glatutes	•					
SIGNATURE	Signature, typed or printed name of registered agent	and title if applicable	. (NOTÉ: Re	gistered Ager	it signatur	re required wh	nen reinstating)	DATE		
12.	OFFICERS AN			13.			ADDITIONS/CHANGES TO OF	FICERS AN	D DIRECT	ORS IN 12
TITLE	PD		DELETE	1.1 TITLE					☐ Change	Addition
NAME	CORREA. PAÙLO A			1.2 NAME						
STREET ADDRESS	1025 NE MIAMI GARDENS DRIV	· ·		1.3 STREET	ADDRES	ss				
CITY-ST-ZIP	MIAMI FL 33179	_		1.4 CITY-S	T-ZIP	1	•	,	. ;	-
TITLE	VD		DELETE	2.1 TITLE		VD			Change	Addition
NAME	SILVA, JOSE C		, .	2.2 NAME		ALV	IES, NATANAEL F.			
STREET ADDRESS	1025 NE MIAMI GARDENS DRIV	ri=		2.3 STREE	TADDRES	ss 1025	NE MIAMI GARDEN	IS DRIV	Æ	•
CITY-ST-ZIP	MIAMI FL 33179	_		2.4 CITY-S			MI EL 33179			
TITLE	TD		DELETE	3.1 TITLE		V0	<u> </u>		Change     Ch	e Addition
NAME	DA SILVA CORREA, ELIANE			3.2 NAME		1	SANTOS, SERGIO			
STREET ADDRESS	1025 NE MIAMI GARDENS DRIV	Æ		3.3 STREE	T ADDRES	88 10 76	NE MIAMI GARDE	NS DR	IVE	
<del>-</del> -	MIAMI FL 33179		مست مست من	3.4. CITY-S	بالميما	MIA	MT FL 33179	سخ المسورة ما		
CITY-ST-ZIP	SD SD	<del></del>	DELETE	4.1 TITLE		-		·	Change	e 🔲 Addition
NAME	CORREA, OAULO A JR			4, 2 NAME						
STREET ADDRESS	1025 NE MIAMI GARDENS DRIV	Æ		4.3 STREE	T ADDRES	ss				
1	MIAMI FL 33179	-		4.4 CITY-S	_					
CITY-ST-ZIP	SD	<del></del>	DELETE	5.1 TITLE	1-21	TVO			Change	e 🔲 Addition
	SILVA, APARECIDA D		, ,	5.2 NAME			CRUZ CORRÊA, ELIA	NE	,	
NAME CONCET ADDRESS	1025 NE MIAMI GARDENS DRIV	Æ		5.3 STREE	ADDRES		NE MIAMIGARDE		IE	
STREET ADDRESS	)	L.		5.4 CITY-S		- 17	AMI FL 33 179			•
CITY-ST-ZIP	MIAMI FL 33179	<u> </u>	DELETE	6.1 TITLE		VD	· · · · · · · · · · · · · · · · · · ·	<del></del>	Change	e 🔀 Addition
TITLE				6.2 NAME		1.	LENDE, ANTONIO C	ARLDS		
NAME	:			1	T ADDRES		S NE MIAMI GARDI			
STREET ADORESS	1			6.4 CITY-S			MI FL 33179	> V/		
CITY-ST-ZIP	1	• •		0.4 (411.9	1 * 2,31"	rti A	my _r_ 00144 _			

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 of suppliemental 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 changell, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MARCH, 03/1999

Daytime Phone #

ONTINUE ->

3R2E037 (11/98)

## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION 1 ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **N9700003634**

MINISTERIO INTERNACIONAL ALPHA, INC.



Enncipal Place	OI DUSINGSS	Marin A Vo	dieas			<b>\</b>					
1025 NE MIAMI GARDENS DRIVE 1025 NE MIAMI GARDENS D MIAMI FL 33179 MIAMI FL 33179				VE							
<del>-</del> ,	ace of Business	2a. Mailing	Address	<del></del>	· <del></del>	3. Date Incorporated or Qualifed 06/25/1997					
21	*	26 Suite	Apt. #, etc.			4. FEI Number	Applied For				
Suite, Apt. #	Ψ, etc.	<del>}</del> -	Apr. #, etc.			65-0762622	Not Applicable				
City & State		27   City &	State				\$8.75 Additional				
n `	•	28	Old lo			5. Certificate of Status Desired	Fee Required				
Zip	Country	Zip	<del> </del>	Country		6. Election Campaign Financing	\$5.00 May Be				
<del></del> -	25	29	30			Trust Fund Contribution	Added to Fees				
24	9. Name and Address of Curre					10. Name and Address of New Registered	Agent				
				81	Name						
000000	DALU O A ID			100		(D.C. Court) bos is New Associable					
	PAULO A JR			82	Street Add	Iress (P.O. Box Number is Not Acceptable)					
	/. 132ND PLACE			83	<del></del>						
MIAMI FL	33186					<u></u>					
		•		84	City	FL	85 Zip Code				
office and re	to the provisions of Sections 617.05 egistered agent, or both, in the Stat on familiar with, and accept the oblig	a of Florida Such	Change was sutho	nzed by I	the comorat	poration submits this statement for the purpose of non's board of directors. I hereby accept the appoin	changing its registered htment as registered				
SIGNATURE	Signature, typed or printed name of registered as	ant and filte if annicable	(NOTE: Beat	stered Agent	signature require	red when reinstating) DATE					
12.		ND DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12				
TITLE	PD			1.1 TITLE	Τν	/ D	Change X Addition				
NAME	CORREA. PAULO A			1.2 NAME	1	UCENA, ROBERTO ALVES I	)E				
STREET ADDRESS	1025 NE MIAMI GARDENS DE	SIVE		1.3 STREET	ADDRESS // C	025 NE MIAMI GARDENS	DRIVE				
_	MIAMI FL 33179	***		1.4 CITY-ST		11AM1 FL 33179					
CITY-ST-ZIP	VD COTTS			2.1 TITLE		D	Change Addition				
NAME	SILVA, JOSE C			2.2 NAME		EREIRA, SEBASTIÃO SAN	170 S				
	1025 NE MIAMI GARDENS DE	on <i>t</i> e		2.3 STREET	Annoces	025 NE MIAMI GARDENS D	DIVE				
STREET ADDRESS		IIVE /	I.		1	11AM   FL 33179	7,11				
CITY-ST-ZIP	MIAMI FL 33179	_/		2.4 CITY-5' 3.1 TITLE		SD	☐ Change				
กับE	TD				13	LIVEIRA, ANTÔNIO CARL					
NAME	DA SILVA CORREA, ELIANE	/ )\\ IT	ı	3.2 NAME	ADDEEN L	025 NE MIAMI GARDEN	S DRIVE				
STREET ADDRESS		ave	<del>-</del>	33 STREET	AUURESS //	11AMI FL 33179	. •				
CITY-ST-ZIP	MIAMI FL 33179	<del></del>	DELETE	3.4. CITY-S' 4.1 TITLE		D FL 33177	☐ Change				
TITLE	SD AND AND		U DELL'IC	7.1 IIILE	12	LOCK ALESCANDON HAD					
NAME	CORREA, OAULO A JR			4. 2 NAME	ا ا	IRES, ALESSANDRO HOR 025 NE MIAMIGARDENS	DRIVE				
STREET ADDRESS	1025 NE MIAMI/GARDENS DI	ave			ADDRESS /10	ALAMA CI SELATA					
CITY-ST-ZIP	MIAMI FL 33·179		Table or over	4.4 CITY-ST		11AM1 FL 33179	☐ Change 🔀 Addition				
TITLE	SD		DELETE	5.1 TITLE	. –	05==110 551 440	CT ATTENDED KEET TOUGHT				
NAME	SILVA APARECIDA D		I	5.2 NAME	C	ASTELLO, SELMA 1025 NE MIAMI GARDE	VS DRIVE				
STREET ADDRESS	1025 NE MIAMI GARDENS DI	RIVE	Į				DAI-G				
CITY-ST-ZIP	MIAMI FL 33179			5.4 CITY-ST		11AM1 FL 33 179	Chance of Middle				
TIFLE			☐ DELETE	6.1 TITLE		TD	Change 🕴 🔼 Addition				
NAME			į	6.2 NAME	[ ∧	IEVES, JOSE VIEIRA	· News				
STREET ADDRESS		-				025 NE MIAMI GARDENS	DEIVE				
CITY-ST-70P				6.4 CITY-ST	T-ZEP   M	1/AM/ 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 suppliemental 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 cooporation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

MARCH, 03 /1999

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zφ



FLORIDA DEPARTMENT OF STATE

ANNUAL REPORT  1999		Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # N: 1. Corporation Name MINISTERIO INTERNACIO		
Principal Place of Business	Maili	ng Address
1025 NE MIAMI GARDENS DRIVE MIAMI FL 33179		NE MIAMI GARDENS DRIVE (I FL 33179

26

27

28

29

Country

9. Name and Address of Current Registered Agent

25

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.



Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

Not Applicable

3. Date incorporated or Qualifed

5. Certificate of Status Desired

6. Election Campaign Financing

10. Name and Address of New Registered Agent

Trust Fund Contribution

06/25/1997

65-0762622

4. FEI Number

CORREA, PAULO A JR 14732 S.W. 132ND PLACE			82 83	Street	Address (P.O. Box Num	ber is Not Acceptable)			
MIAMI FL 33186					ł				
				84				FL 85 Zip C	
i office.orb	arietored ab	ions of Sections 617,0502 and 617.15 ent, or both, in the State of Florida. Si th, and accept the obligations of Sect	ich channe was auth	orizad by	the corp	corporation submits this oration's board of director	statement for the purpos ors. I hereby accept the a	e of changing its i ppointment as reg	egistered istered
SIGNATURE		0			x	equired when reinstating)	DATI		·
12.	Signeture, typed	or printed name of registered again and title if applic OFFICERS AND DIRECTO		13.	L lugheaure !		HANGES TO OFFICER		RS IN 12
TITLE	PD	- OFFICERS AND BIREDTO	DELETE /	1.1 TITLE		TD		Change	Additic
	. •	DAIRO A		1.2 NAME		CASTELLO	TOSE	_ •	_
NAME		PAULO A					IAMI GARDE	46 > 5	_
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CITY-ST-ZIP	MIAM FL	331/9	DELETE	1.4 CITY-S	1-239	MIAMI FL	031+7	Change	☐ Additic
TITLE	VD		E-VELETE	2.1 TITLE				0.4290	
NAME	SILVA, JO	·-·		22 NAME					
STREET ADDRESS		MIAMI GARDENS DRIVE		2.3 STREET	ADDRESS	ł			_
CITY-ST-ZP	MIAMI FL	33179		2.4 CTY-5	T-23P		<del></del>		- Auditio
TITLE	סד		DELETE	3.1 TITLE			_	☐ Change	Additic
NAME		CORREA, ELIANE /		3.2 NAME					
STREET ADDRESS	1025 NE	MIAMI GARDENS ØRIVE		3.3 STREE	TADDRESS				
CITY-ST-ZIP	MIAMI FL	33179		3.4. CITY-S	T-ZIP		<u> </u>		
TTLE	SD		☐ DELETE	4.1 TITLE				Change	Additic
NAME	CORREA.	OAULO A JR		4.2 NAME		i ~			
STREET ADDRESS	1025 NE	MIAMI/GARDENS DRIVE		4.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL	33179		4.4 CITY-S	T- <b>ZI</b> P				
TITLE	SD /	<del>/</del>	DELETE	5.1 TMLE				☐ Change	Additis
NAME	SILVA/AF	PARECIDA D		5.2 NAME					
STREET ADDRESS	1 /	MIAMI GARDENS DRIVE		5.3 STREE	T ADDRESS				
CITY-ST-ZIP	MIAMI FL			5.4 CITY-S	T-ZIP	j			
TITLE			☐ DELETE	6.1 TITLE				☐ Change	☐ Additi:
NAME				62 NAME					
STREET ADDRESS	l		!	6.3 STREE	T ADDRESS	Į.			
CITY-ST-ZIP	]			6.4 C/TY+S	T-23P				-
14. I hereby o	certify that th	e information supplied with this filing o	loes not qualify for th	e exempt	ion state	d in Section 119.07(3)(i),	, Florida Statutes. I furthe	r certify that the in	formation
14. I hereby certify that the information supplied with this filling 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 peport or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; that I am an officer or director of the dorporation 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.									

Country

81 Name

30

MARCH 13/1000 (305) 947.1435