

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

DOCUMENT # N97000003634

1. Corporation Name
MINISTERIO INTERNACIONAL ALPHA, INC.

Principal Place of Business Mailing Address
1025 NE MIAMI GARDENS DRIVE 1025 NE MIAMI GARDENS DRIVE
MIAMI FL 33179 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 Applied For
23 Zip Country 28 Zip Country 65-0762622 Not Applicable
24 25 29 30 5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$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 81 Name
14732 S.W. 132ND PLACE 82 Street Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33186 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 [] DELETE 1.1 TITLE [] Change [] Addition
NAME CORREA, PAULO A
STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP MIAMI FL 33179
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP
TITLE VD [X] DELETE 2.1 TITLE [X] Change [] Addition
NAME SILVA, JOSE C
STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP MIAMI FL 33179
2.2 NAME ALVES, NATANAEL F.
2.3 STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
2.4 CITY-ST-ZIP MIAMI FL 33179
TITLE TD [X] DELETE 3.1 TITLE [X] Change [] Addition
NAME DA SILVA CORREA, ELIANE
STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP MIAMI FL 33179
3.2 NAME DOS SANTOS, SERGIO
3.3 STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
3.4 CITY-ST-ZIP MIAMI FL 33179
TITLE SD [] DELETE 4.1 TITLE [] Change [] Addition
NAME CORREA, PAULO A JR
STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP MIAMI FL 33179
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP
TITLE SD [X] DELETE 5.1 TITLE [X] Change [] Addition
NAME SILVA, APARECIDA D
STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
CITY-ST-ZIP MIAMI FL 33179
5.2 NAME DA CRUZ CORRÊA, ELIANE
5.3 STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
5.4 CITY-ST-ZIP MIAMI FL 33179
TITLE [] DELETE 6.1 TITLE [] Change [X] Addition
NAME
STREET ADDRESS
CITY-ST-ZIP
6.2 NAME REZENDE, ANTONIO CARLOS
6.3 STREET ADDRESS 1025 NE MIAMI GARDENS DRIVE
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 ->

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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 # 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
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 06/25/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0762622
City & State 23	City & State 28	Applied For <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
Zip 24	Country 25	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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		<input type="checkbox"/> DELETE
TITLE	PD	<input type="checkbox"/>
NAME	CORREA, PAULO A	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	SILVA, JOSE C	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input checked="" type="checkbox"/>
NAME	DA SILVA CORREA, ELIANE	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/>
NAME	CORREA, PAULO A JR	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input checked="" type="checkbox"/>
NAME	SILVA, APARECIDA D	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		<input type="checkbox"/> Change	<input checked="" type="checkbox"/> Addition
1.1 TITLE	VD		
1.2 NAME	LUCENA, ROBERTO ALVES DE		
1.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
1.4 CITY-ST-ZIP	MIAMI FL 33179		
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	PEREIRA, SEBASTIÃO SANTOS		
2.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
2.4 CITY-ST-ZIP	MIAMI FL 33179		
3.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
3.2 NAME	OLIVEIRA, ANTÔNIO CARLOS DE		
3.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
3.4 CITY-ST-ZIP	MIAMI FL 33179		
4.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
4.2 NAME	PIRES, ALESSANDRO HORACI		
4.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
4.4 CITY-ST-ZIP	MIAMI FL 33179		
5.1 TITLE	SD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
5.2 NAME	CASTELLO, SELMA		
5.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
5.4 CITY-ST-ZIP	MIAMI FL 33179		
6.1 TITLE	TD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
6.2 NAME	NEVES, JOSÉ VIEIRA		
6.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE		
6.4 CITY-ST-ZIP	MIAMI FL 33179		

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SIGNATURE: _____ DATE: **MARCH, 03 / 1999** (305) 947-1435

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14732 S.W. 132ND PLACE
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81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
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84 City	FL

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12. OFFICERS AND DIRECTORS		
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CORREA, PAULO A	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	VD	<input checked="" type="checkbox"/> DELETE
NAME	SILVA, JOSE C	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	TD	<input checked="" type="checkbox"/> DELETE
NAME	DA SILVA CORREA, ELIANE	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	CORREA, PAULO A JR	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	SILVA, APARECIDA D	
STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
CITY-ST-ZIP	MIAMI FL 33179	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addit
1.2 NAME	CASTELLO, JOSE	
1.3 STREET ADDRESS	1025 NE MIAMI GARDENS DRIVE	
1.4 CITY-ST-ZIP	MIAMI FL 33179	
2.1 TITLE		Change <input type="checkbox"/> Addit
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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