


**2008 NOT-FOR-PROFIT CORPORATION
ANNUAL REPORT**

FILED
Mar 12, 2008 08:00 A
Secretary of State

DOCUMENT # N97000005810 1. Entity Name OASIS MINISTRIES INTERNATIONAL CENTER OF AMERICA INC.	
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Principal Place of Business 3890 NW 167TH STREET OPA-LOCKA, FL 33054	Mailing Address P.O. BOX 551636 OPA-LOCKA, FL 33855
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03022008 No Chg-NP CR2E037 (4/06)

DO NOT WRITE IN THIS SPACE

4. FEI Number 65-0787505	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent

**OSOKOYA, CORNELIUS
7800 LASALLE BLVD.
MIRAMAR, FL 33023**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

**Filing Fee is \$61.25
Due by May 1, 2008**

9. Election Campaign Financing
Trust Fund Contribution. ☐ **\$5.00 May Be
Added to Fees**

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OSOKOYA, CORNELIUS A 7800 LA SALLE BLVD MIRAMAR, FL 33023
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D ADETH, FRANK 8217 NW 194TH TERR MIAMI, FL 33015
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D OKON, DAVID B 20440 NE 15TH AVE N MIAMI BEACH, FL 331795106
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

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03/27/08-80059-001 66.25

**DO NOT WRITE
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

03/27/08 305-625-3155
Date Daytime Phone #