

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90129 004 \*\*\*\*61.25

DOCUMENT # N 98000006114 ✓

1. Corporation Name

BRAZILIAN UNITED CHURCH, INC.

Principal Place of Business  
10255 SW 130 CT  
MIAMI FL, 33186

Mailing Address  
10255 SW 130 CT  
MIAMI FL, 33168

\* 5 7 579434 - 90012 - 3 4 \*

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		10/26/98	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0872548	
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

RODRIGUES, HELIO  
10255 SW 130 CT  
MIAMI FL, 33168

10. Name and Address of New Registered Agent

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 617.0503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

6-8-99.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD	RODRIGUES, HELIO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10255 SW 130 CT	1.2 NAME	
STREET ADDRESS	MIAMI FL, 33168	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE VP	SORNSTEIN, FERNANDO <input checked="" type="checkbox"/> DELETE	2.1 TITLE VP	SILVEIRA, MARCOS A. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	15746 SW 103 LANE	2.2 NAME	9001 SW 77th AVE. C-308
STREET ADDRESS	MIAMI FL, 33196	2.3 STREET ADDRESS	MIAMI FL, 33156
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE SD	Rodrigues, Eni S <input checked="" type="checkbox"/> DELETE	3.1 TITLE SD	CIPRIANO, JANAINA <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	10255 SW 130 CT	3.2 NAME	9001 S.W 77 AVE. F-11
STREET ADDRESS	MIAMI FL, 33186	3.3 STREET ADDRESS	MIAMI FL, 33183
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE T	CAVALCANTE, MARCOS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	12019 S.W 75 STREET
STREET ADDRESS		4.3 STREET ADDRESS	MIAMI FL, 33183
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-8-99.

Date

Daytime Phone #

CR2E037 (11/98)