


**FILED**  
**Apr 01, 1999 8:00 am**  
**Secretary of State**

04-01-1999 90086 001 \*\*\*\*\*8.75  
 04-01-1999 90086 002 \*\*\*\*\*5.00  
 04-01-1999 90086 003 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # N98000006303</b> 1. Corporation Name <b>MOUNT SINAI PENTECOSTAL CHURCH CORP.</b>		
Principal Place of Business 1375 71ST STREET MIAMI BEACH FL 33141	Mailing Address 1375 71ST STREET MIAMI BEACH FL 33141	



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 P.O. Box 415094 27 Suite, Apt. #, etc. 28 MIAMI BEACH, FL 29 33141 30 U.S.A.	3. Date Incorporated or Qualified 11/05/1998	4. FEI Number 65-0877643	Applied For Not Applicable
9. Name and Address of Current Registered Agent DOS SANTOS, UBALDO 1375 71ST STREET MIAMI BEACH FL 33141		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 UBALDO DOS SANTOS UBALDO DOS SANTOS DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOS SANTOS, UBALDO	1.2 NAME	FERREIRA ARLETE
STREET ADDRESS	1375 71ST STREET	1.3 STREET ADDRESS	1375 71ST STREET
CITY-ST-ZIP	MIAMI BEACH FL 33141	1.4 CITY-ST-ZIP	MIAMI BEACH FL 33141
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MARINHO, WESLEY A	2.2 NAME	
STREET ADDRESS	2120 NORTHEAST 51ST COURT, #3	2.3 STREET ADDRESS	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308	2.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FERREIRA, MARCIA	3.2 NAME	
STREET ADDRESS	1797 MARSEILLES DRIVE, #1	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL 33141	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
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: UBALDO DOS SANTOS UBALDO DOS SANTOS DATE 03.11.99 (305) 866-6999  
Signature and typed or printed name of signing officer or director. Date. Daytime Phone #