

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P95000053119 (0)**

1. Corporation Name

**REBIRTH OF SOUL MINISTRIES, INC.**



Principal Place of Business: 20341 NE 15TH AVE, NORTH MIAMI BEACH FL 33179  
Mailing Address: 20341 NE 15TH AVE, NORTH MIAMI BEACH FL 33179

3. Date Incorporated or Qualified: **07/03/1995**  
3a. Date of Last Report: [Blank]  
4. FEI Number: **65-0596657**  
Applied For: [Blank] / Not Applicable  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 [Blank]  
2a. Mailing Address: 26 [Blank]  
Suite, Apt. #, etc.: 22 [Blank]  
City & State: 23 [Blank]  
Zip: 24 [Blank] Country: 25 [Blank]  
Country: 29 [Blank] Zip: 30 [Blank]

9. Name and Address of Current Registered Agent  
**MOSS, ROGER**  
20341 NE 15TH AVE  
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent  
81 Name: [Blank]  
82 Street Address (P.O. Box Number is Not Acceptable): [Blank]  
83 [Blank]  
84 City: [Blank] FL 85 Zip Code: [Blank]

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE: [Blank] (NOTE: Registered Agent signature required when reinstating) DATE: [Blank]

12. OFFICERS AND DIRECTORS

|                |                         |                                 |
|----------------|-------------------------|---------------------------------|
| TITLE          | PRESIDENT               | <input type="checkbox"/> DELETE |
| NAME           | DANTE A. Miro           |                                 |
| STREET ADDRESS | 4928 SW 90th Ave        |                                 |
| CITY-ST-ZIP    | Cooper City, FL 33328   |                                 |
| TITLE          | Vice President          | <input type="checkbox"/> DELETE |
| NAME           | Roger Moss              |                                 |
| STREET ADDRESS | 20341 NE 15th Ave       |                                 |
| CITY-ST-ZIP    | N Miami Beach, FL 33179 |                                 |
| TITLE          | Secretary/Treasurer     | <input type="checkbox"/> DELETE |
| NAME           | Annmaria Peley          |                                 |
| STREET ADDRESS | 17300 NW 43rd Terr      |                                 |
| CITY-ST-ZIP    | Miami, FL 33055         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |
| TITLE          |                         | <input type="checkbox"/> DELETE |
| NAME           |                         |                                 |
| STREET ADDRESS |                         |                                 |
| CITY-ST-ZIP    |                         |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |   |
|--------------------|---|
| 1.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME           |   |
| 1.3 STREET ADDRESS |   |
| 1.4 CITY-ST-ZIP    |   |
| 2.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME           |   |
| 2.3 STREET ADDRESS |   |
| 2.4 CITY-ST-ZIP    |   |
| 3.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME           |   |
| 3.3 STREET ADDRESS |   |
| 3.4 CITY-ST-ZIP    |   |
| 4.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           |   |
| 4.3 STREET ADDRESS |   |
| 4.4 CITY-ST-ZIP    |   |
| 5.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME           |   |
| 5.3 STREET ADDRESS |   |
| 5.4 CITY-ST-ZIP    |   |
| 6.1 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME           |   |
| 6.3 STREET ADDRESS |   |
| 6.4 CITY-ST-ZIP    |   |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: [Signature] DATE: 4-26-96 DAYTIME PHONE #: (305) 652-0664

CR2E034 (12/95)