FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **P95000065250**1. Corporation Name

IN GOD WE TRUST INC

Principal Place of Business
8813 SW 107A VE
MIAMI FI 33176

Mailing Address

8813 SW 107A VE MIAMI FL 33176

FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90011 032 ***150.00



DO NOT WRITE IN THIS SPACE

					3. Date incorporated or Qualified				
						08/23/1995			
2. Principal l	Place of Business	2a. Mailing	Address			4. FEI Number	Ap	plied For	
21		26				65-0602813		t Applicable	
Suite, Apt. #, etc. Suite, Apt. #			pt. #, etc.			5. Certifcate of Status Desired	\$8.75		
22						5. Certificate of Citation Desired	Fee Re	equired	
City & State City & State						6. Election Campaign Financing		May Be	
23 28						Trust Fund Contribution	Added	to Fees	
Zip	Country Zip Country					8. This corporation owes the current year Inta		_	
24 29 30						Personal Property Tax.	Yes	□No	
	9. Name and Address of Curre	nt Registered Ag	ent			10. Name and Address of New Registered	\gent		
				81	Name				
	lgado, julio			82	82 Street Address (P.O. Box Number is Not Acceptable)				
851	10 SW 133 CT				Dil COL / IGI				
MIAMI FL 33183									
				<u> </u>	O(b)		OE 7in 6	Code	
				84	City	FL	85 Zip (Code	
11. Pureuen	t to the assyssions of Sections 607.05	02 and 607.1508	Florida Statutes	the above	-named cor	moration authorite this statement for the nurnose of	changing its	registered	
office or	registered agent, or both in the State	of Florida. Such	change was auth	orized by	the corpora	tion's board of directors. I hereby accept the appoir	tment as re	gistered	
agent. I a	am fandiliar with, and accept the oblig	ations of Section	607.0505, Florida	a Statutes					
SIGNATURE	Explusion of the	yave	*****		!	ired when reinstating) DATE			
12.		ND DIRECTORS	(NOTE: Re	13.	ı sıgnature requi	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO	DRS IN 12	
TITLE	OFFICERS A		☐ DELETE	1,1 TITLE			[] Change	Addition	
	DELCADO HILIO			1.2 NAME			_ ,	_	
NAME	DELGADO, JULIO				ADDRESS				
STREET ADDRESS				1.3 STREET					
CITY-ST-ZIP	MIAMI FL 33183		DELETE	1.4 CITY-S	- ZIP		(**Change	☐ Addition	
TITLE ·	D	,	A DELETE	2.1 TITLE			X onlinge		
NAME	DELGADO, SHELLY			2.2 NAME					
STREET ADDRESS				2.3 STREET					
CITY-ST-ZIP	MIAMI FL: 33183			2. 4 CITY-5	T-ZIP		["] Chan	□ Add:+:-	
TITLE			☐ DELETE	3.1 TITLE			Change	Addition	
NAME				3.2 NAME					
STREET ADORESS	s			3.3 STREET	ADDRESS				
CITY-ST-ZIP				3.4. CITY-S	T-ZIP				
TITLE			☐ DELETE	4.1 TITLE			Change	☐ Addition	
NAME				4. 2 NAME					
STREET ADDRESS	s			4.3 STREET	ADDRESS				
CITY-ST-ZIP				4.4 CITY-S	r-ZIP				
TITLE			☐ DELETE	5.1 TITLE			☐ Change	☐ Additio	
NAME				5.2 NAME					
STREET ADDRESS	s			5.3 STREET	ADDRESS				
CITY-ST-ZIP	<u> </u>			5.4 CITY-S	r.zip				
TITLE									
			DELETE	6.1 TITLE	-		Change		
NAME			DELETE				Change	Addition Addition	
NAME			☐ DELETE	6.2 NAME			Change	Additio	
NAME STREET ADDRESS	s		☐ DELETE		ADORESS		Change	Addition	

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 607. 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: