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

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P98000094134

Principal Place of Business

STREET ADDRESS CITY-ST-ZIP

GOD'S LIGHT CORPORATION

1550 SW 104 PATH #3-202 MIAMI FL 33174		1550 SW 104 PATH #3-202 MIAMI FL 33174			DO NOT WRIT	E IN THIS S	SPACE		7	
						3. Date Incorporated or Qualifed 11/06/1998				
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number			pplied For	1	
21		26			65-0873374		N	ot Applicable	1	
Suite, Apt. #, etc.		Suite, Apt. #, etc.					\$8.75	Additional	1	
22		27			5. Certifcate of Status Desired		Fee R	equired] .	
City & State		City & State			6. Election Campaign Financing	П	\$5.00	May Be		
23		28			Trust Fund Contribution Added to Fees					
Zip Country		Zip Country				8. This corporation owes the curre			_	
24	25	29	30			Personal Property Tax.		Yes	□No	1
	g. Name and Address of Current	Registered Agent		L.,		10. Name and Address of New Ro	egistered A	gent		-
				81	Name					-
	DLIVEIRA, ATILA BRANDAO	82 Street Ad			Street Add	dress (P.O. Box Number is Not Acceptal	ole).			1
	SW 104 PATH #3-202									1
MIAIM	VII FL 33174			83						
				84	City		FL	85 Zip	Code	1
44 Diseasement	to the previous of Sections 607.0602	and 607 1509 Florida Statut	e the a	bove	named cor	poration submits this statement for the p	turnose of c	hanging its	registered	┪
office or r	registered agent, or both, in the State of im familiar with, and accept the obligation	Florida. Such change was a	uthorized	o by t	he corpora	tion's board of directors. I hereby accept	the appoint	ment as re	egistered	
SIGNATURE										}
	Signature, typed or printed name of registered agent a			Agent	signature requi	ired when reinstating)	DATE AND	DIDECT	ODS IN 12	1 86
12.	OFFICERS AND	☐ DELETÉ	13.	TI E		ADDITIONS/CHANGES TO OFF		☐ Change	Addition	CR2E034 (11/98)
TITLE	PD De Oliveira, atila Branao		1.2 N							4
NAME	4550 DW 404 DATIL #0 000			-	ADDRESS .					8
STREET ADDRESS										
CITY-ST-ZIP	MIAMI FL 33174	☐ DELETE	2.1 TI	TY-\$T-	ZIP			☐ Change	Addition	5
TITLE		-	2.1 II							1
NAME	DE OLIVEIRA, ATILA BRANAO JR	lı.			* DDDCCC					ļ
STREET ADDRESS	1550 SW 104 PATH #3-202				ADDRESS					[
CITY-ST-ZIP	MIAMI FL 33174	DELETE	2. 4 C	TIY-ST	-217			Change -	Addition	<u> </u>
TITLE			3.1 II							
NAME	DE OCIVEIRO, OFFICIAL DISTRICT OF IT				ADDRESS					
STREET ADDRESS	MIAMI FL 33174									
CITY-ST-ZIP	NHAMI FL 331/4	DELETE	4.1 TI	ITY-ST	-21			Change	Addition	1
			4.11					<u> </u>		1
NAME					ADDRESS					1
STREET ADDRESS				TY-ST-						
CITY-ST-ZIP TITLE		☐ DELETE	4.4 C		ZIF"			Change	Addition	1
			5.2 N					- •		
NAME					ADDRESS					{
STREET ADDRESS				TY-ST-						
CITY-ST-ZIP		☐ DELETE	6.1 TI					Change	Addition	1
TITLE			6.2 NA							
NAME	!		0.214		- 1					1

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 baye the come 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 507, 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: ATILA BRANDAO

6.3 STREET ADDRESS

01/21/99 (305)485-5062

FILED

Feb 27, 1999 8:00 am Secretary of State

02-27-1999 90030 010 ***150.00