

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 APR 12 PM 12:13

DOCUMENT # N30945 (2)

1. Corporation Name
HAIITIAN ORGANIZATION OF WOMEN, INC.

Principal Place of Business Mailing Address
17781 SW 113 AVE. MIAMI FL 33157 **17781 SW 113 AVE. MIAMI FL 33157**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **03/01/1989** 3a. Date of Last Report **04/08/1994**
4. FEI Number **65-0341706** Applied For
Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 **162 SW First Avenue** 26 **162 SW First Avenue**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **Homestead, FL** 28 **Homestead, FL**
Zip Zip Country Country
24 **33030** 25 **USA** 29 **33030** 30 **USA**

5. Certificate of Status Desired **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**ETIENNE, NADINE
16305 SW 107 AVE
MIAMI FL 33157**

10. Name and Address of New Registered Agent
81 Name **Evelynne Desrouleaux**
82 Street Address (P.O. Box Number is Not Acceptable) **12600 SW 189 Street**
83
84 City **Miami** 85 Zip Code **FL 33177**

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 *Evelynne Desrouleaux* **Evelynne Desrouleaux, Secretary** DATE **2/12/95**
Signature, typed or printed name of registered agent, secretary, or treasurer (NOTE: Registered Agent signature required when reappointing)

12. OFFICERS AND DIRECTORS	
TITLE	DC
NAME	GASTON, MICHELLE
STREET ADDRESS	710 NW 74 AVE.
CITY - ST - ZIP	PLANTATION FL
TITLE	D
NAME	DUCENA, MICHELINE
STREET ADDRESS	16305 SW 107 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	SD
NAME	LEON, GHISLAINE
STREET ADDRESS	19945 SW 135 AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	AS
NAME	DESROULEAUX, EVELYNE
STREET ADDRESS	12600 SW 189 ST.
CITY - ST - ZIP	MIAMI FL
TITLE	TD
NAME	SIMEON, MARIE JOSE
STREET ADDRESS	11310 SW 153RD ST.
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	V5 <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	LEON, FRANCOISE
13 STREET ADDRESS	19945 SW 135 Avenue
14 CITY - ST - ZIP	Miami, FL 33177
21 TITLE	SD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	DESROULEAUX, EVELYNE
23 STREET ADDRESS	12600 SW 189 Street
24 CITY - ST - ZIP	Miami, FL 33177
31 TITLE	TD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	CHEVALIER, MARIE JOSE
33 STREET ADDRESS	15217 SW 112th Ct.
34 CITY - ST - ZIP	Miami, FL 33157
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *M. Ducena* DATE: **2/12/95**
Signature and typed or printed name of signing officer or director Date Expiration Period