


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)**

230-25

NONPROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE  
**Sandra S. Morthart**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**FILED**

97 DEC 15 PM 1:20

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



DOCUMENT # **N30945** (2)  
 1. Corporation Name  
**HAITIAN ORGANIZATION OF WOMEN, INC.**

Principal Place of Business Mailing Address  
**162 SW FIRST AVE HOMESTEAD FL 33030 US**

**REINSTATEMENT** 97  
 DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 Zip 24 Country 25 28 Zip 29 Country 30

3. Date Incorporated or Qualified **03/01/1989** 3a. Date of Last Annual Report **04/29/1996**  
 4. FEI Number **65-0341706** Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SANON, DENISE**  
**162 S.W. FIRST AVE.**  
**HOMESTEAD FL 33030**

10. Name and Address of New Registered Agent  
 81 Name **Micheline Ducena**  
 82 Street Address (P.O. Box Number is Not Acceptable) **17781 SW 113 Ave**  
 83  
 84 City **Miami,** FL 85 Zip Code **33197**

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 *Micheline Ducena* **Micheline Ducena** 9/12/97  
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>VD</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>LEON, FRANCOISE</b>
STREET ADDRESS	<b>18945 SW 135 AVE</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>CHEVALIER, MARIE JOSE</b>
STREET ADDRESS	<b>15217 SW 112 CT</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>SD</b> <input type="checkbox"/> DELETE
NAME	<b>DESROULEAUX, EVELYNE</b>
STREET ADDRESS	<b>12600 SW 189 ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
TITLE	<b>TD</b> <input type="checkbox"/> DELETE
NAME	<b>SIMEON, MARIE JOSE</b>
STREET ADDRESS	<b>11310 SW 153RD ST.</b>
CITY-ST-ZIP	<b>MIAMI FL</b>
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	<b>Geralde Arrioux</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>10540 S.W. 163rd St</b>
1.3 STREET ADDRESS	<b>Miami, FL 33157</b> Treasurer
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>300002374543--0</b>
2.3 STREET ADDRESS	<b>-12/17/97--01037--001</b>
2.4 CITY-ST-ZIP	<b>****175.00 ****175.00</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>300002374543--0</b>
3.3 STREET ADDRESS	<b>-12/17/97--01037--002</b>
3.4 CITY-ST-ZIP	<b>*****61.25 *****61.25</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>Simeon, Marie Josee</b>
4.3 STREET ADDRESS	<b>11310 SW 153rd St</b>
4.4 CITY-ST-ZIP	<b>Miami, FL 33157</b> Vice President
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 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.

SIGNATURE REQUIRED *Micheline Ducena* 9/12/97 2458158

CR2E037 (4/97)