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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # N31367 (8)
1. Corporation Name
CENTER FOR HAITIAN STUDIES, INC.

Principal Place of Business Mailing Address
C/O LAURINUS PIERRE 8325 N.E. 2ND AVENUE MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **03/24/1989** 3a. Date of Last Report **05/01/1994**

4. FEI Number **65-0136723** 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**

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

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

9. Name and Address of Current Registered Agent
**PIERRE, LAURINUS
1275 N.W. 100 TERRACE
MIAMI FL 33147**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ (NOTE: Registered Agent signature required when reconstituting) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	PIERRE, LAURINUS
STREET ADDRESS	1275 NW 100 TERRACE
CITY - ST - ZIP	MIAMI FL
TITLE	VD
NAME	ANTOINE, LOUIS B.
STREET ADDRESS	1000 S.E. 84TH AVENUE
CITY - ST - ZIP	PEMBROKE PINES FL
TITLE	STD
NAME	SMITH, PRINCE
STREET ADDRESS	1425 N.W. 10TH AVE.
CITY - ST - ZIP	MIAMI FL
TITLE	C
NAME	PAGE, J. BRYAN
STREET ADDRESS	12401 S.W. 84TH COURT
CITY - ST - ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
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 110.07(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: *Laurinus Pierre (Laurinus Pierre)* 4/25/95 305-757-9555
SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR (Type) Daytime Phone #