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Mar 24 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N31367 (8)

1. Corporation Name
CENTER FOR HAITIAN STUDIES, INC.



Principal Place of Business: 8325 NE 2ND AVE. MIAMI FL 33138
Mailing Address: 8325 NE 2ND AVE. MIAMI FL 33138-3815

3. Date Incorporated or Qualified: 03/24/1989
3a. Date of Last Report: 08/12/1996

2. Principal Place of Business (21)
2a. Mailing Address (26)

4. FEI Number: 65-0136723
Applied For: Not Applicable

Suite, Apt. #, etc. (22)

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State (23)

6. Election Campaign Financing Trust Fund Contribution: \$5.00 May Be Added to Fees

Zip (24) Country (25)

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

Zip (29) Country (30)

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

Table with 4 columns: TITLE, NAME, STREET ADDRESS, CITY-ST-ZIP. Rows include PD PIERRE, LAURINUS; VD ANTOINE, LOUIS B.; STD SMITH, PRINCE; C PAGE, J. BRYAN.

Table with 4 columns: 1.1 TITLE, 1.2 NAME, 1.3 STREET ADDRESS, 1.4 CITY-ST-ZIP. Rows 1-6 for ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

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: Laurinus Pierre (Laurinus Pierre) 2/1/97 (305) 757-9555
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0029416

CR2E037 (9/96)