


FILE NOW: FILING FEE IS \$61.25

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Mar 04, 1999 8:00 am
Secretary of State

03-04-1999 90030 019 ****75.00

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N31367

1. Corporation Name
CENTER FOR HAITIAN STUDIES, INC.

Principal Place of Business 8325 NE 2ND AVE. MIAMI FL 33138 US	Mailing Address 8325 NE 2ND AVE. MIAMI FL 33138
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2. Principal Place of Business 21 8260 N.E. 2nd Avenue Suite, Apt. #, etc. 22	2a. Mailing Address 26 SAME Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 03/24/1989
City & State 23 Miami, Florida 33138 Zip Country 24 33138 25 USA	City & State 28 Zip Country 29 30	4. FEI Number 65-0136723 <input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable
9. Name and Address of Current Registered Agent		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIERRE, LAURINUS (Change of Address) 1275 N.W. 100 TERRACE 7736 Embassy Blvd. MIAMI FL 33147 Miramar, Florida 33023		81 Name	85 Zip Code
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL

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 officer 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, LAURINUS	1.2 NAME	PIERRE, LAURINUS
STREET ADDRESS	1275 NW 100 TERRACE	1.3 STREET ADDRESS	7736 Embassy Blvd.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	Miramar, Florida 33023
TITLE	VD <input checked="" type="checkbox"/> DELETE	2.1 TITLE	T <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	ANTOINE, LOUIS B.	2.2 NAME	JACOB, CARMEUS
STREET ADDRESS	1000 S.E. 84TH AVENUE	2.3 STREET ADDRESS	2525 N. State Road 7, suite #205
CITY-ST-ZIP	PEMBROKE PINES FL	2.4 CITY-ST-ZIP	Hollywood, Florida 33021
TITLE	STD <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, PRINCE	3.2 NAME	
STREET ADDRESS	1425 N.W. 10TH AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	C <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PAGE, J. BRYAN	4.2 NAME	
STREET ADDRESS	12401 S.W. 84TH COURT	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 with all other like empowered.

SIGNATURE: *Laurinus Pierre* **Laurinus Pierre, Director** 02/12/99 (305) 757-9555
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (11/98)