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FILED
May 14 1997 8:00am
Secretary of State

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N45468 (8)

1. Corporation Name
HAITIAN CENTER FOR FAMILY SERVICES, INC.



Principal Place of Business: 3359 BELVEDERE ROAD STE. E WEST PALM BEACH FL 33406
Mailing Address: 3359 BELVEDERE ROAD STE. E WEST PALM BEACH FL 33406-1530

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

3. Date Incorporated or Qualified: 10/04/1991
3a. Date of Last Report: 05/01/1996
4. FFI Number: 65-0293545 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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
LAFALAISE, MARIE-EVELYNE
3359 BELVEDERE ROAD
STE E
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent
81 Name: LAURENT, Guy
82 Street Address (P.O. Box Number is Not Acceptable)
83 City: SAME
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: [Signature] GUY LAURENT Executive Director 4/22/97

12. OFFICERS AND DIRECTORS

TITLE	DC	DELETE
NAME	LAROCHE, FRANCOIS	
STREET ADDRESS	3359 BELVEDERE ROAD, STE E	
CITY- ST- ZIP	W PALM BCH FL	
TITLE	D	DELETE
NAME	DILEO, JOSEPH M.	
STREET ADDRESS	1222 SOUTHEAST 3RD AVE	
CITY- ST- ZIP	FT. LAUDERDALE FL	
TITLE	DS	DELETE
NAME	ALEXIS, DAVID L.	
STREET ADDRESS	2120 OKEECHOBEE BLVD	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE	D	DELETE
NAME	LECONTE, PATRICK	
STREET ADDRESS	2000 PGA BLVD #3120	
CITY- ST- ZIP	PALM BEACH GARDENS FL	
TITLE	D	DELETE
NAME	BARTLEY, DANIEL	
STREET ADDRESS	5356 BOSQUE LN #115	
CITY- ST- ZIP	WEST PALM BEACH FL	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

1.1 TITLE	D	Change	Addition
1.2 NAME	FRANCOIS B LAROCHE		
1.3 STREET ADDRESS	3359 Belvedere Road STE E		
1.4 CITY- ST- ZIP	W P B FL		
2.1 TITLE	DC	Change	Addition
2.2 NAME	KARLINE S. STEVENS		
2.3 STREET ADDRESS	NORTHbridge Centre 3140E		
2.4 CITY- ST- ZIP	515 N. Flagler Dr., West Palm Beach FL 33401		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY- ST- ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY- ST- ZIP			
5.1 TITLE		Change	Addition
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY- ST- ZIP			
6.1 TITLE		Change	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: [Signature] 4-22-97 561 471 120

CR2E037 (9/96)