[redacted]-90010-001-[redacted].75 * 1/20/00-90010-002-$150.00-$150.00

APPROVED AND FILED

00 APR -3 AM 8:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

DOCUMENT # N99000005837

1. Entity Name

ASSOCIATION INTERNATIONALE DE SOLIDARITE, INC.

Principal Place of Business	Mailing Address
770 SOUTHWEST 9TH STREET, STE 4 MIAMI FL 33130	770 SOUTHWEST 9TH STREET, STE 4 MIAMI FL 33130-3333

2. Principal Place of Business	3. Mailing Address
Suite, Apt. #, etc.	P.O. BOX 013482 Suite, Apt. #, etc.
City & State	City & State: MIAMI, FLORIDA
Zip / Country	Zip: 33101 / Country

4. FEI Number: 65-0912855 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Name and Address of Current Registered Agent

PORTAL, CHANTAL C
770 SOUTHWEST 9TH STREET, STE 4
MIAMI FL 33130

7. Name and Address of New Registered Agent

Name: PAUL CHEHADE

Street Address (P.O. Box Number is Not Acceptable): 770 SOUTHWEST 9TH STREET STE 4

City: MIAMI FL Zip Code: 33130

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE: Paul Chehade: PAUL CHEHADE 1-5-2000

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

FILE NOW: FEE IS $61.25

9. Election Campaign Financing Trust Fund Contribution. ☐ **$5.00** May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Paul Chehade, Director 770 S.W. 9Th St. Suite4 Miami Fla. 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	R. Alfonso Chehade Director 770 S.W. 9Th St. Suite4 Miami Fla. 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	Sonia Chehade (Director) 770 S.W. 9Th St. Suite4 Miami Fla. 33130 ☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Delete	TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ Change ☐ Addition

CR2E037 (9/99)

12. *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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Paul Chehade: 1-5-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #