


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90001 034 ***558.75

0040284

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000027474

1. Corporation Name
HAITIAN-AMERICAN NEWS, INC.



Principal Place of Business 8340 N.E. 2 AVE., STE. 205 MIAMI FL 33138	Mailing Address 8340 N.E. 2 AVE., STE. 205 MIAMI FL 33138
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 8358 NE 2ave	26 8358 NE 2ave			03/23/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
				65-0823689	
22		27		Applied For	
				Not Applicable	
23 City & State Miami, FL 33138		28 City & State Miami, FL 33138		5. Certificate of Status Desired	
24 Zip 33138		29 Zip 33138		8.75 Additional Fee Required	
25 Country USA		30 Country USA		8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution	
				8. This corporation owes the current year Intangible Personal Property.	
				5.00 May Be Added to Fees	
				Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

9. Name and Address of Current Registered Agent

BROWN, SANDRA F
 8340 N.E. 2 AVE., STE. 205
 MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name	Sandra Francis Brown		
82 Street Address (P.O. Box Number is Not Acceptable)	8358 NE 2ave		
83 City	Miami	85 State	FL
84 Zip Code	33138		

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: *Sandra Francis Brown* DATE: 9/8/99

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BROWN, SANDRA F	
STREET ADDRESS	8340 N.E. 2 AVE., STE. 205	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	VST	<input checked="" type="checkbox"/> DELETE
NAME	GEFFRARD, LUNIQUE	
STREET ADDRESS	8340 N.E. 2 AVE., STE. 205	
CITY-ST-ZIP	MIAMI FL 33138	
TITLE	Editor-in-Chief	<input type="checkbox"/> DELETE
NAME	Girlean "Gigi" Tinsley	
STREET ADDRESS	8358 of 3051 N.W. 100 Street	
CITY-ST-ZIP	Miami, FL 33147	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Editor-in-Chief/VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Girlean "Gigi" Tinsley	
1.3 STREET ADDRESS	3051 N.W. 100 Street	
1.4 CITY-ST-ZIP	Miami, FL 33147-2870	
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	VP	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Edith Pascal	
3.3 STREET ADDRESS	1551 NE 167 St #221	
3.4 CITY-ST-ZIP	N MIAMI BCH FL 33162	
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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Sandra Francis Brown* DATE: 9/8/99 DAYTIME PHONE #: 305) 757-9030

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (5/99)