

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N31367

**FILED**  
**Jan 06, 2017**  
**Secretary of State**  
**CC7492547746**

**Entity Name:** CENTER FOR HAITIAN STUDIES, INC.

**Current Principal Place of Business:**

8260 N.E. 2ND AVE  
MIAMI, FL 33138-3815

**Current Mailing Address:**

8260 N.E. 2ND AVE  
MIAMI, FL 33138-3815 US

**FEI Number:** 65-0136723

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PIERRE, LAURINUS  
12901 BISCAYNE BAY DRIVE  
NORTH MIAMI, FL 33181 US

*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:** \_\_\_\_\_

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title PCEO  
Name PIERRE, LAURINUS  
Address 12901 BISCAYNE BAY DRIVE  
City-State-Zip: NORTH MIAMI FL 33181

Title T  
Name CARMEUS, JACOB  
Address 6151 MIRAMAR PARKWAY, #216  
City-State-Zip: MIRAMAR FL 33023

Title S  
Name CETOUTE, JEAN MICHAEL  
Address 2260 NW 162 TERRACE  
City-State-Zip: PEMBROKE PINES FL 33028

Title C  
Name PAGE, BRYAN J  
Address 12401 S.W. 84TH COURT  
City-State-Zip: MIAMI FL

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** LAURINUS PIERRE

**CEO**

**01/06/2017**

Electronic Signature of Signing Officer/Director Detail

Date