

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 19 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # F95000003135 (9)  
1. Corporation Name  
JEAN //EMMANUEL ET CO FLORIDA SUNSHINE HAITI ASS



Principal Place of Business: 17331 NW 48TH AVE CAROL CITY FL 33055  
Mailing Address: 17331 NW 48TH AVE CAROL CITY FL 33055-4212

3. Date Incorporated or Qualified: 06/27/1995  
3a. Date of Last Report: 02/09/1996  
4. FEI Number: 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  
8. This corporation has liability for intangible tax under s. 199.03?, Florida Statutes:  Yes  No

2. Principal Place of Business: 21. HAITI RAU PRINCE  
22. 308 BLVD J J DESSALINE  
23. PORT-AU-PRINCE  
24. WI  
25. HAITI  
26. 17331 NW 48TH AVE  
27. CAROL CITY FL  
28. 33055 DADE  
29. WI  
30. HAITI

9. Name and Address of Current Registered Agent  
CHARLEUS, EMMANUEL  
17331 NW 48TH AVE  
CAROL CITY FL 33055

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
FL 85. Zip Code

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: EMMANUEL CHARLEUS

12. OFFICERS AND DIRECTORS  
NAME: CHARLEUS, EMMANUEL  
STREET ADDRESS: 17331 NW 48TH AVE  
CITY-ST-ZIP: CAROL CITY FL 33055  
TITLE: DCVP  
NAME: BOEREAU, JEAN C  
STREET ADDRESS: 30 BLVD J.J. DESSALINES  
CITY-ST-ZIP: PORT-AU-PRINCE, HAITI W.I.  
TITLE: S  
NAME: BEAUPLAN, SULFIDE  
STREET ADDRESS: 608 BLVD J.J. DESSALINES  
CITY-ST-ZIP: PORT-AU-PRINCE, HAITI W.I.  
TITLE: S  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]  
TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]  
TITLE: [Blank]  
NAME: [Blank]  
STREET ADDRESS: [Blank]  
CITY-ST-ZIP: [Blank]  
TITLE: [Blank]

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  
1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE  
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 return, 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 as an attachment with an address.

SIGNATURE: EMMANUEL CHARLEUS

3-13-97

CR2E034 (9/96)