

FILE NOW: FILING FEE IS \$61.25

FILED

**Feb 12 1998 8:00am
Secretary of State**

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006897 (9)
1. Corporation Name
**THE HAILE SELASSIE FUND FOR ETHIOPIAN CHILDREN I
N NEED, INC.**



Principal Place of Business 4827 NORTH CENTRAL EXPRESSWAY DALLAS TX 75205-4017	Mailing Address 4627 NORTH CENTRAL EXPRESSWAY DALLAS TX 75205-4017
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3. Date Incorporated or Qualified
12/29/1997

4. FEI Number NOT APPLICABLE	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	Country 25	Country 30
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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. Is this nonprofit corporation a homeowners association?
 Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.
 Yes No

9. Name and Address of Current Registered Agent
**AMATO, BARON CARLO C.B.
1001 SOUTH BAYSHORE DRIVE
MIAMI FL 31331**

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

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PCD	<input type="checkbox"/> DELETE
NAME	SAHLE-SELASSIE, PRINCE E	
STREET ADDRESS	1228 31ST STREET, N.W.	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	VST	<input type="checkbox"/> DELETE
NAME	AMATO, BARON C	
STREET ADDRESS	1001 SOUTH BAYSHORE DRIVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	EAGLETON, PHILIP B	
STREET ADDRESS	1228 31ST STREET NW	
CITY-ST-ZIP	WASHINGTON DC	
TITLE	<i>Clark, Robert M.</i>	<input type="checkbox"/> DELETE
NAME	<i>4627 North Central Expwy</i>	
STREET ADDRESS	<i>Dallas, TX. 75205-4017</i>	
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	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<i>director</i>
1.3 STREET ADDRESS	<i>Clark, Robert M.</i>
1.4 CITY-ST-ZIP	<i>4627 North Central Expwy Dallas, Texas 75205-4017</i>
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	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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)(l), 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: *Robert M. Clark* **Robert M. Clark** 2-2-98 (214) 528-2400

CFR037 (10/97)