

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JUN 19 AM 11:31

DOCUMENT # **L48082** (6)

1. Corporation Name

HAITIAN ART & CRAFT CORPORATION

Principal Place of Business

Mailing Address

C/O DAVID L. CHRAS
6381 POND APPLE ROAD
BOCA RATON FL 33433-1824

C/O DAVID L. CHRAS
6381 POND APPLE ROAD
BOCA RATON FL 33433-1824

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified: **02/01/1990**
3a. Date of Last Report: **06/21/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number

Applied For

21

26

65-0191071

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional Fee Required

22

27

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

City & State

City & State

6. This corporation has liability for intangible tax under s. 189.032, Florida Statutes Yes No

24

Zip

Country

29

Zip

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CHRAS, DAVID L.
6381 POND APPLE ROAD
BOCA RATON FL 33433**

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

Signature (typed or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D
NAME	PIQUET, ANDREE A.
STREET ADDRESS	6381 POND APPLE RD.
CITY - ST - ZIP	BOCA RATON FL
TITLE	D
NAME	PIQUET, HUGUES
STREET ADDRESS	6381 POND APPLE RD.
CITY - ST - ZIP	BOCA RATON FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
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TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 both in attachment with an address.

SIGNATURE:

[Handwritten Signature]

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Daytime Phone #