FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # N18384 (0)

1. Corporation Name

CENTRE COMMUNAUTAIRE HAITIENNE D'EDUCATION ET DE DEVELOPPEMENT INC.

800001849078
-06/04/96--01015--034
***61.00

Principal Place of Business	Mailing Address
133 N.E. 54 STREET MIAMI FL 33137	133 N.E. 54 STREET MIAMI FL 33137

3. Date Incorporated or Qualified: **12/22/1986**
3a. Date of Last Report: **09/20/1995**

21 2. Principal Place of Business: 133 NE 54 ST.	26 2a. Mailing Address: 133 NE 54 ST:
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: MIAMI, FLORIDA	28 City & State: MIAMI; FLORIDA
24 Zip: 33137 25 Country: USA	29 Zip: 33137 30 Country: USA

4. FEI Number: **65-0131211** ☐ Applied For ☐ 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. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

GERARD METELLUS
74 NW 108TH STREET
MIAMI SHORES FL 33168

10. Name and Address of New Registered Agent

81 Name: BERONEL GUERRIER
82 Street Address (P.O. Box Number is Not Acceptable): 88 NW 85 ST
83
84 City: MIAMI **FL** 85 Zip Code: 33150

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: GUERRIER BRONEL PRESIDENT Beronel Guerrier 4/30/96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD ETIENNE,AUGUSTIN 1401 NW 138 ST. MIAMI FL	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD GUERRIER, BERONEL 88 NW 85 ST MIAMI, FL. 33150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VP GUERRIER,BERONEL 88 NW 85 ST MIAMI FL 33150	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VP Rev. H.C WILKES 400 NW 5TH AVENUE MIAMI FL. 33128	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DVS SAINTIJUSTE,WILNER 5254 SW 139 PL MIAMI FL 33142	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	DV BELAIR, JEAN 133 NE 54 ST: MIAMI, FL. 33137	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TD PHILIPPE,ARMAND 1640 NW 134 PL MIAMI FL 33167	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	D BAZIN,FRITZ 6700 N.MIAMI AVENUE MIAMI, FL. 33150	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D MATHURIN,MICHEL 1445 N.W. 117 STREET MIAMI FL 33167	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	SEC.TR. Belizaire,Jn.Anick 1240 NW 126 Street Miami Fl. 33167	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D METELLUS,GERARD 74 NW 108TH STREET MIAMI SHORES FL 33168	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	D Domond ,Franciscot 561 NE 79Street Miami,Fl. 33138	☐ Change ☐ Addition

6.3.96

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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Beronel Guerrier 04/30/96 (305) 754-6671
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
BERONEL GUERRIER PD

CR2E037 (12/95)