

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 14 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		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.

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

4. FEI Number

65-0131211

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

21 8340 N.E. 2Nd. Avenue

26 8340 N.E. 2Nd. Avenue

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 201

27 201

City & State

City & State

23 Miami, FL.

28 Miami, FL.

Zip

Zip

Country

Country

24 33138

25 USA

29 33138

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GUERRIER, BERONEL
88 NW 85 ST.
MIAMI FL 33150**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 **SAME AS BLOCK 9**

84 City

FL

85 Zip Code

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

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 ☐ DELETE

NAME **PD
GUERRIER, BERONEL**
STREET ADDRESS **88 NW 85 ST.**
CITY-ST-ZIP **MIAMI FL 33150**

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **DV
BELAIR, JEAN**
STREET ADDRESS **133 N.E. 54 STREET**
CITY-ST-ZIP **MIAMI FL 33137**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D
BAZIN, FRITZ**
STREET ADDRESS **6700 N MIAMI AVE.**
CITY-ST-ZIP **MIAMI FL 33150**

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **ST
BERIZAIRE, ANICK**
STREET ADDRESS **1240 NW 128 ST.**
CITY-ST-ZIP **MIAMI FL 33167**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **D
DOMOND, FRANCISCOT**
STREET ADDRESS **561 NE 79 ST.**
CITY-ST-ZIP **MIAMI FL 33138**

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE

NAME **VP
WILKES, C.H. R**
STREET ADDRESS **400 N.W. 5TH AVE.**
CITY-ST-ZIP **MIAMI FL**

6.1 TITLE ☐ Change ☐ 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)(i), 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: **A.P. Gregoire**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

A.P. Gregoire Founder, Director

5/20/1998 (305)-754-6671

CR2E037 (10/97)