

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1997



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

FILED
97 JAN 31 PM 12:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # N19634 (7)

1. Corporation Name
LITTLE HAITI HOUSING ASSOCIATION, INC.

Principal Place of Business Mailing Address
181 N.E. 82ND ST. MIAMI FL 33138 US

3. Date Incorporated or Qualified **03/11/1987** 3a. Date of Last Report **03/20/1996**

| | | | |
|--|----------------------------------|---|--|
| 2. Principal Place of Business 21 | 2a. Mailing Address 26 | 4. FEI Number 59-2801211 | Applied For <input type="checkbox"/> Not Applicable |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| City & State 23 | City & State 28 | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| Zip 24 | Country 25 | Zip 29 | Country 30 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | |
|--|---|
| 9. Name and Address of Current Registered Agent MICHEL, JACQUELINE 21041 N.E. 13TH PLACE NORTH MIAMI BEACH FL 33179 | 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 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 | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|--|---------------------------------|---|---|
| TITLE PD | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME MICHEL, JACQUELINE | | 1.2 NAME | |
| STREET ADDRESS 21041 N.E. 13TH PLACE | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP NORTH MIAMI BCH FL | | 1.4 CITY-ST-ZIP | |
| TITLE VD | <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME DAVIS, THOMAS | | 2.2 NAME | |
| STREET ADDRESS 16951 N.E. 4TH PLACE | | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP NORTH MIAMI BCH FL | | 2.4 CITY-ST-ZIP | |
| TITLE STD | <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME LABOSGIERE, JULES | | 3.2 NAME | |
| STREET ADDRESS 14801 N.E. 2ND AVE. | | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | 3.4 CITY-ST-ZIP | |
| TITLE D | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME HARDER, DAVID | | 4.2 NAME | |
| STREET ADDRESS 181 N.E. 82ND ST. | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP MIAMI FL | | 4.4 CITY-ST-ZIP | |
| TITLE * | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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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 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: *David Harder* Date: *Jan 29/97* (305) 257-2542

CR2E037 (9/96)