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Apr 13 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 # N19634 (7)
1. Corporation Name
LITTLE HAITI HOUSING ASSOCIATION, INC.



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

3. Date Incorporated or Qualified: 03/11/1987
4. FEI Number: 59-2801211
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

2. Principal Place of Business (21-24) and Mailing Address (2a-29) fields with sub-fields for Suite, City & State, Zip, and Country.

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 (81-85) fields for Name, Street Address, City, and 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

TITLE	PD	NAME	MICHEL, JACQUELINE	STREET ADDRESS	21041 N.E. 13TH PLACE	CITY-ST-ZIP	NORTH MIAMI BCH FL	<input type="checkbox"/> DELETE
TITLE	VD	NAME	DAVIS, THOMAS	STREET ADDRESS	16951 N.E. 4TH PLACE	CITY-ST-ZIP	NORTH MIAMI BCH FL	<input type="checkbox"/> DELETE
TITLE	STD	NAME	LABOSGIERE, JULES	STREET ADDRESS	14801 N.E. 2ND AVE.	CITY-ST-ZIP	MIAMI FL	<input checked="" type="checkbox"/> DELETE
TITLE	D	NAME	HARDER, DAVID	STREET ADDRESS	181 N.E. 82ND ST.	CITY-ST-ZIP	MIAMI FL	<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE		NAME		STREET ADDRESS		CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VD	1.2 NAME	MICHEL, JACQUELINE	1.3 STREET ADDRESS	21041 N.E. 13TH PLACE	1.4 CITY-ST-ZIP	N. M. B. FL 33162	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE	PD	2.2 NAME	DAVIS, THOMAS	2.3 STREET ADDRESS	16951 N.E. 4TH PLACE	2.4 CITY-ST-ZIP	N. MIAMI, FL 33161	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		3.2 NAME		3.3 STREET ADDRESS		3.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE		4.2 NAME		4.3 STREET ADDRESS		4.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE	SD	5.2 NAME	THIELE, JONATHAN	5.3 STREET ADDRESS	10555 N.E. 2ND AVE	5.4 CITY-ST-ZIP	MIAMI, FL 33138	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.1 TITLE	TD	6.2 NAME	KREBBIEL, SUSAN	6.3 STREET ADDRESS	6605 S.W. 55 LANE	6.4 CITY-ST-ZIP	MIAMI, FL 33155	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 617.07(3)(b), 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 (DIRECTOR) 2/1/98 301E770 2012

CR2E037 (10/97)