

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25)

230-25

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra S. Morhart,
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N30945

(2)

1. Corporation Name

HAITIAN ORGANIZATION OF WOMEN, INC.

FILED

97 DEC 15 PM 1:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT

DO NOT WRITE IN THIS SPACE

Principal Place of Business
162 SW FIRST AVE
HOMESTEAD FL 33030
US

Mailing Address
162 SW FIRST AVE
HOMESTEAD FL 33030
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SANON, DENISE
162 S.W. FIRST AVE.
HOMESTEAD FL 33030

81 Name

Micheline Ducena

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

17781 SW 113 Ave

83

84 City

Miami,

FL

85 Zip Code

33157

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

Micheline Ducena
Signature, typed or printed name of registered agent and title if applicable

Micheline Ducena

9/12/97

(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
VD
LEON, FRANCOISE
19945 SW 135 AVE
MIAMI FL

☒ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
CHEVALIER, MARIE JOSE
15217 SW 112 CT
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
SD
DESROULEAUX, EVELYNE
12600 SW 189 ST.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
TD
SIMEON, MARIE JOSE
11310 SW 153RD ST.
MIAMI FL

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Geralde Arrieux
10540 S.W. 163rd St
Miami, FL 33157

☒ Change ☐ Addition

Treasurer

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

300002374543--0
-12/17/97--01037--001
*****175.00 *****175.00

☐ Change ☐ Addition

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

300002374543--0
-12/17/97--01037--002
*****61.25 *****61.25

☐ Change ☐ Addition

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Simeon, Marie Josee
11310 SW 153rd St
Miami, FL 33157

☐ Change ☐ Addition

Vice President

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 REQUIRED

Micheline Ducena

9/12/97 2458158

CR2E037 (4/97)