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NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # N43733

1. Corporation Name

THE RALLIEMENT OF JEAN-RABELIANS AND THEIR FRIENDS, INC.

Principal Place of Business

375 N.W. 188 STREET  
MIAMI FL 33169

Mailing Address

375 N.W. 188 STREET  
MIAMI FL 33169

535770 - 90199 - 38



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

06/03/1991

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

RICHARDSON, RAMONDE  
1900 SW 44TH AVE  
APT 1  
PLANTATION FL 33317

10. Name and Address of New Registered Agent

81 Name Spiegel & Utrera, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
343 Almeria Avenue  
83  
84 City Coral Gables FL 85 Zip Code 33134

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 By: Spiegel & Utrera, P.A.

5/6/99

Signature, typed or printed name of registered agent and fee is applicable. (If not by registered agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P  
NAME RICHARDSON, RAMONDE  
STREET ADDRESS 1900 SW 44TH AVE., #1  
CITY-ST-ZIP PLANTATION FL 33317

TITLE V  
NAME DUCLOS, ELIFRANCE  
STREET ADDRESS 16810 NE 6TH CT  
CITY-ST-ZIP NMB FL 33162

TITLE TD  
NAME LOUIS, ANGELIQUE S  
STREET ADDRESS 3611 SW 39TH AVE  
CITY-ST-ZIP HALLANDALE FL 33023

TITLE SM  
NAME MARCELUS, HENRI L  
STREET ADDRESS 375 NW 188TH ST  
CITY-ST-ZIP MIAMI FL 33169

TITLE D  
NAME RICHARDSON, MARIE J  
STREET ADDRESS 1781 NE 158 STREET  
CITY-ST-ZIP NMB FL 33162

TITLE D  
NAME ARMAS, DAVID  
STREET ADDRESS 1051 NE 204 LANE  
CITY-ST-ZIP MIAMI FL 33179

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

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

3.1 TITLE Chairman of the Board  
3.2 NAME Louis, Angelique S.  
3.3 STREET ADDRESS 3611 SW 39th Ave.  
3.4 CITY-ST-ZIP Hallandale, FL 33023

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

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

6.1 TITLE  
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, with all other like empowered.

SIGNATURE:

Signature and typed or printed name of signing officer or director

05-06-99

Date

Daytime Phone #

CR2E037 (1/1/98)