

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

**APPROVED AND FILED**

**CORPORATION ANNUAL REPORT 1995**



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

65 MAY -1 11 9:47

**DOCUMENT # N44362 (4)**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**HAITIAN & FOREIGN PEOPLES' ORGANIZATION FOR HAITI'S DEVELOPMENT, INC.**

Principal Place of Business: P.O. BOX 429 FT. LAUDERDALE FL 33302  
Mailing Address: P.O. BOX 429 FT. LAUDERDALE FL 33302

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **06/26/1991**  
3a. Date of Last Report: **08/17/1994**  
4. FEI Number: **65-0287737**  
Applied For:  Not Applicable:

2. Principal Place of Business (21-24) and Mailing Address (25-30) fields with sub-headers for Suite, Apt., #, etc., City & State, Zip, and Country.

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. Nonprofit with IRS 501(c)(3) Tax Exempt Status:  \$68.75 Supplemental Fee Not Required  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: **HYPPOLITE, FRANCINOR 401 N.W. 9TH AVENUE FT. LAUDERDALE FL 33311 1140 NW 30 AVE**  
10. Name and Address of New Registered Agent (81-85) fields: Name, Street Address, City, State (FL), Zip Code.

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE fields for registered agent and corporation.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE: PD	1. NAME: CHARLES, GERARD	1.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
2. STREET ADDRESS: 401 N.W. 9TH AVENUE	2. CITY - ST - ZIP: 1140 NW 30 Ave FT. LAUDERDALE FL	1.2 NAME:	
3. CITY - ST - ZIP: FT. LAUDERDALE FL		1.3 STREET ADDRESS:	
4. CITY - ST - ZIP:		1.4 CITY - ST - ZIP:	
5. TITLE: VD	5. NAME: CANE, DANILIA	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	VD
6. STREET ADDRESS: 401 N.W. 9TH AVE.	6. CITY - ST - ZIP: FT. LAUDERDALE FL	2.2 NAME:	Jean Claude PIERRE
7. CITY - ST - ZIP:		2.3 STREET ADDRESS:	1140 NW 30 Ave
8. CITY - ST - ZIP:		2.4 CITY - ST - ZIP:	Ft-Lauderdale, FL. 33311
9. TITLE: SD	9. NAME: DESIR, ESTANGEL	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. STREET ADDRESS: 401 N.W. 9TH AVE.	10. CITY - ST - ZIP: 1140 NW 30 Ave FT. LAUDERDALE FL	3.2 NAME:	
11. CITY - ST - ZIP: FT. LAUDERDALE FL		3.3 STREET ADDRESS:	
12. CITY - ST - ZIP:		3.4 CITY - ST - ZIP:	
13. TITLE: TD	13. NAME: HYPPOLITE, FRANCINOR	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. STREET ADDRESS: 401 N.W. 9TH AVE.	14. CITY - ST - ZIP: 1140 NW 30 AVE FT. LAUDERDALE FL	4.2 NAME:	
15. CITY - ST - ZIP: FT. LAUDERDALE FL		4.3 STREET ADDRESS:	
16. CITY - ST - ZIP:		4.4 CITY - ST - ZIP:	
17. TITLE:		5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME:		5.2 NAME:	
19. STREET ADDRESS:		5.3 STREET ADDRESS:	
20. CITY - ST - ZIP:		5.4 CITY - ST - ZIP:	
21. TITLE:		6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME:		6.2 NAME:	
23. STREET ADDRESS:		6.3 STREET ADDRESS:	
24. CITY - ST - ZIP:		6.4 CITY - ST - ZIP:	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 17.07(3)(k), 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: *Francinor Hyppolite* 4/28/95 (705) 797-9289  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR