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Jan 23 1997 8:00am
Secretary of State

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N45754 (1)

1. Corporation Name

SOCIETY FOR HAITIAN ADVANCEMENT, RECOGNITION AND
EDUCATION INC.

Principal Place of Business

5000 BISCAYNE BLVD., STE. 102
MIAMI FL 33137

Mailing Address

5000 BISCAYNE BLVD., STE. 102
MIAMI FL 33137-3218



3. Date Incorporated or Qualified
10/25/1991

3a. Date of Last Report
01/29/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

24

Country

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

29

Country

30

4. FEI Number
65-0339714

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

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GEORGES, JONAS
102 N.W. 109TH ST.
MIAMI FL 33168

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CD	<input type="checkbox"/> DELETE
NAME	PRUDENT, LESLY	
STREET ADDRESS	120 NE 59 STREET	
CITY- ST- ZIP	MIAMI FL 33150	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	HUTCHINSON, WARNER	
STREET ADDRESS	195 SW 115TH RD.	
CITY- ST- ZIP	MIAMI FL 33134	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	DAVIS, ALICE	
STREET ADDRESS	5020 BISCAYNE BLVD.	
CITY- ST- ZIP	MIAMI FL 33137	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	ELLIGAN, IRVING DR.	
STREET ADDRESS	8431 NW 12TH AVE.	
CITY- ST- ZIP	MIAMI FL 33150	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	FLOREAL, PREVAL REV.	
STREET ADDRESS	UNITED METHODIST CHURCH	
CITY- ST- ZIP	MIAMI FL 33161	
TITLE	MD	<input type="checkbox"/> DELETE
NAME	M McNALLY, FERNAND	
STREET ADDRESS	19545 N.W. 2ND AVE. (441)	
CITY- ST- ZIP	MIAMI FL 33169	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	GELINA GEORGES	
1.3 STREET ADDRESS	102 N.W. 109 Street	
1.4 CITY- ST- ZIP	Miami Shores, FL 33168	
2.1 TITLE	MD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	SERGE LALANNE	
2.3 STREET ADDRESS	10720 N.E. 3rd Avenue	
2.4 CITY- ST- ZIP	Miami, FL 33161	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY- ST- ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY- ST- ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY- ST- ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY- ST- ZIP		

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 or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0028328

CR2E037 (9/96)