
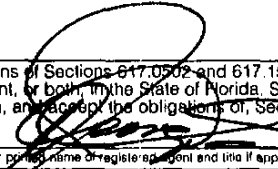
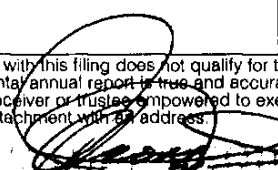


FILE NOW: FILING FEE IS \$61.25

FILED

Jan 23 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 # 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		
2. Principal Place of Business 21 N/A Suite, Apt. #, etc.		2a. Mailing Address 26 N/A Suite, Apt. #, etc.		3. Date Incorporated or Qualified 10/25/1991	
22 City & State 23		27 City & State 28		4. FEI Number 65-0339714 Applied For Not Applicable	
24 Zip 25		29 Zip 30		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
Country 25		Country 30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent GEORGES, JONAS 102 N.W. 109TH ST. MIAMI FL 33168				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
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.				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
SIGNATURE  Signature, typed or printed name of registered agent and title if applicable				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	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE <input type="checkbox"/> DELETE CD PRUDENT, LESLY 1.2 NAME 120 NE 59 STREET 1.3 STREET ADDRESS MIAMI FL 33150 1.4 CITY-ST-ZIP				1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition CD PRUDENT, LESLY 1.2 NAME 800 N.E. 137th Street 1.3 STREET ADDRESS N. Miami, FL 33161 1.4 CITY-ST-ZIP	
2.1 TITLE <input type="checkbox"/> DELETE SD HUTCHINSON, WARNER 2.2 NAME 195 SW 115TH RD. 2.3 STREET ADDRESS MIAMI FL 33134 2.4 CITY-ST-ZIP				2.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition MD FLORESTAL, GARY 2.2 NAME 120 N.E. 59 Street 2.3 STREET ADDRESS Miami, Florida 33150 2.4 CITY-ST-ZIP	
3.1 TITLE <input type="checkbox"/> DELETE TD DAVIS, ALICE 3.2 NAME 5020 BISCAYNE BLVD. 3.3 STREET ADDRESS MIAMI FL 33137 3.4 CITY-ST-ZIP				3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition MD 3.2 NAME ELLIGAN, IRVING DR. 3.3 STREET ADDRESS 8431 NW 12TH AVE. 3.4 CITY-ST-ZIP	
4.1 TITLE <input type="checkbox"/> DELETE MD FLOREAL, PREVAL REV. 4.2 NAME UNITED METHODIST CHURCH 4.3 STREET ADDRESS MIAMI FL 33161 4.4 CITY-ST-ZIP				4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition MD 4.2 NAME ELLIGAN, IRVING DR. 4.3 STREET ADDRESS 8431 NW 12TH AVE. 4.4 CITY-ST-ZIP	
5.1 TITLE <input type="checkbox"/> DELETE MD MCNALLY, FERNAND 5.2 NAME 19545 N.W. 2ND AVE. (441) 5.3 STREET ADDRESS MIAMI FL 33169 5.4 CITY-ST-ZIP				5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition MD 5.2 NAME ELLIGAN, IRVING DR. 5.3 STREET ADDRESS 8431 NW 12TH AVE. 5.4 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.				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.	
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR				01/8/97 (305) 571-9125	

CR2E037 (1097)