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NONPROFIT CORPORATION ANNUAL REPORT
1999

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

DOCUMENT # N45754

1. Corporation Name
SOCIETY FOR HAITIAN ADVANCEMENT, RECOGNITION AND EDUCATION INC.

Principal Place of Business	Mailing Address
5000 BISCAYNE BLVD., STE. 102 MIAMI FL 33137	5000 BISCAYNE BLVD., STE. 102 MIAMI FL 33137

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 Country 25	Zip 29 Country 30

3. Date Incorporated or Qualified: 10/25/1991

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

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: GEORGES, GELINA
82 Street Address (P.O. Box Number Is Not Acceptable): 102 N.W. 109 Street
83 Miami Shores, FL 33168
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] 3/04/99
Signature, typed or printed name of registered agent and date as required. (NOTE: Registered Agent signature required on all reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CD	☐ DELETE	1.1 TITLE	CD	☒ Change ☐ Addition
NAME	PRUDENT, LESLY		1.2 NAME	FLOREAL, PREVAL REV.	
STREET ADDRESS	800 NE 137TH ST		1.3 STREET ADDRESS	6501 N. Miami avenue	
CITY-ST-ZIP	NORTH MIAMI FL 33161		1.4 CITY-ST-ZIP	Miami, Florida 33150	
TITLE	SD	☒ DELETE	2.1 TITLE	VICE CHAIR	☒ Change ☐ Addition
NAME	HUTCHINSON, WARNER		2.2 NAME	MCNALLY FERNAND	
STREET ADDRESS	195 SW 115TH RD.		2.3 STREET ADDRESS	1935 N.E. 167th Street #	
CITY-ST-ZIP	MIAMI FL 33134		2.4 CITY-ST-ZIP	North Miami Beach, FL 33162	
TITLE	TD	☐ DELETE	3.1 TITLE		☐ Change ☒ Addition
NAME	DAVIS, ALICE		3.2 NAME	GEORGES, LEONEL	
STREET ADDRESS	5020 BISCAYNE BLVD.		3.3 STREET ADDRESS	P.O. Box 370604	
CITY-ST-ZIP	MIAMI FL 33137		3.4 CITY-ST-ZIP	Miami, Florida 33137	
TITLE	MD	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	ELUGAN, IRVING DR.		4.2 NAME		
STREET ADDRESS	8431 NW 12TH AVE.		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33150		4.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	FLOREAL, PREVAL REV.		5.2 NAME		
STREET ADDRESS	UNITED METHODIST CHURCH		5.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		5.4 CITY-ST-ZIP		
TITLE	MD	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MCNALLY, FERNAND		6.2 NAME		
STREET ADDRESS	18545 N.W. 2ND AVE. (441)		6.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33169		6.4 CITY-ST-ZIP		

CR2E037 (11/98)

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 REQUIRED [signature] 305-571-9175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Daytime Phone #