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FILED
May 16 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N47573 (3)
1. Corporation Name
HAITIAN BAPTIST CHURCHES ASSOCIATION OF MIAMI IN C.



Principal Place of Business 3516 NW 7TH AVE MIAMI FL 33127 US	Mailing Address 3516 NW 7TH AVE MIAMI FL 33127-3308 US
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3. Date Incorporated or Qualified 02/24/1992	3a. Date of Last Report 05/01/1996
4. FEI Number 65-0324651	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent
**LOUIS, REV JULES JEAN
17830 NW 28TH CT
MIAMI FL 33056**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	LOUIS, JULES JOAN	
STREET ADDRESS	17830 NW 28TH CT.	
CITY - ST - ZIP	MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BLEMUR, REYNOLDS	
STREET ADDRESS	535 NW 6 AVE.	
CITY - ST - ZIP	MIAMI FL	
TITLE	PS	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, LOUIS F.	
STREET ADDRESS	535 NW 97 ST.	
CITY - ST - ZIP	MIAMI FL 33150	
TITLE	PT	<input type="checkbox"/> DELETE
NAME	TOUSSAINT, LOUIS-	
STREET ADDRESS	820 NE 139 ST.	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Jean Louis, Jules	
1.3 STREET ADDRESS	17830 NW 28 CT	
1.4 CITY - ST - ZIP	MIAMI, FL 33056	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
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	PT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Duranton Guirand	
4.3 STREET ADDRESS	820 NE 139 ST	
4.4 CITY - ST - ZIP	MIAMI FL 33161	
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 if changed, or on an attachment with an address.

SIGNATURE: X Jules Jean Louis 5/1/97 305 620-0079
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (9/96)