NOT-FOR-PROFIT CORPORATION **UNIFORM BUSINESS REPORT (UBR)**

FILED Mar 19, 2002 8:00 am Secretary of State 03-19-2002 90034 002 ****70.00

| DOCUMENT # | N49283 | | 1 | | |
|---------------------------------|-------------|---------|--------|----------|------|
| 1. Entity Name Premier L'Eglise | Penantiste | Haitian | Intern | ational, | Inc. |
| First Haitian Pe | nternetal C | hurch | Interr | rational | Inc |
| 71.07 7/10-1 1000 10 | | | | | |

| Premier L'Eglise Penartiste Haittan Int | | | | | |
|--|---|-------------------------------------|--|--|--|
| First Haitian Pentecostal Church Int | cornational, In | C-r | | | |
| DO NOT WRITE IN THIS S | | 125399 | | | |
| 2. Principal Place of Business 1533 S. Rio Grande Ave. 3. Mailing Address 1602 B | ron Lee CT. | | | | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | DO | NOT WRITE IN THIS SPACE | | |
| Orlando FL Orlando | Orlando FL | | 4. FEI Number Applied For 59 - 31884284 Not Applicable | | |
| 32805 United States 32805 | United States | | \$9.75 Additional | | |
| | Name | 7. Name and Address | of Current Registered Agent | \dashv | |
| DO NOT WRITE | | Anis Ari (P.O. Box Number is Not | | | |
| IN THIS SPACE | 1602 | Bren Lee | CT. | \dashv | |
| £4 | CityOrle | ando | FL Zip Code 32805 | | |
| 8. The above named entity submits this statement for the purpose of changing in | ts registered office or registe | red agent, or both, in the | state of Florida. | | |
| SIGNATURE AND Signature, typed or printed name of registered agent and title if applicable. (NC | TE: Registered Agent signature require | d when reinstating) | 2-27-02 DATE | | |
| | ampaign Financing Contribution. | \$5.00 May Be Added to Fees | Make Check Payable to Department of State | | |
| 10. OFFICERS AND DIRECTORS | | ì | | 1 | |
| | | | | | |
| TITLE D NAME Avis Aris | TITLE NAME | | | 10,00 | |
| TITLE NAME Anis Aris STREET ADDRESS IGO2 Bron Lee CT. CITY-ST-ZIP Orlando, FL 32805 | II I | | | 70270 /40/04) | |
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12. 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 report or supplemental 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 10 or on an attachment with an address, with all other like empowered.

SIGNATURE: _