

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB 21 AM 9:46

DOCUMENT # **N92000000107 (4)**

1. Corporation Name
SERVICES TO HAITIAN-AMERICAN RECOVERY EDUCATION, INC.

Principal Place of Business: **100 NORTHWEST 76TH AVENUE APT. 306-2 PLANTATION FL 33324**
Mailing Address: **100 NORTHWEST 76TH AVENUE APT. 306-2 PLANTATION FL 33324**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **10/30/1992**
3a. Date of Last Report: **04/15/1994**
4. FEI Number: **65-0371458**
Applied For:
Not Applicable:

2. Principal Place of Business
21. **4126 INVERRARY BLVD**
Suite, Apt. #, etc.: **# 2604**
City & State: **Lauderhill, FL**
Zip: **33319** Country: **USA**
22. **4126 INVERRARY BLVD**
Suite, Apt. #, etc.: **# 2604**
City & State: **Lauderhill, FL**
Zip: **33319** Country: **USA**

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status: **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
SAVAIN, ROGER E
100 NORTHWEST 76TH AVENUE
APT. 306-2
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81. Name: **Domingo Clemente**
82. Street Address (P.O. Box Number is Not Acceptable): **4126 INVERRARY BLVD**
83. **APT 2604**
84. City: **LAUDERHILL** FL 85. Zip Code: **33319**

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 607.0505, Florida Statutes.

SIGNATURE

Domingo Clemente

2/20/95

DATE

12. OFFICERS AND DIRECTORS	
TITLE	CD
NAME	SAVAIN, ROGER E
STREET ADDRESS	100 NW 76TH AVE, #306-2
CITY-ST-ZIP	PLANTATION FL
TITLE	TD
NAME	ANDRE, MAUD R
STREET ADDRESS	2604 NW 47TH TERRACE
CITY-ST-ZIP	LAUDERDALE LAKES FL
TITLE	SD
NAME	CLEMENTE, DOMINGO
STREET ADDRESS	4126 INVERRARY BLVD., #2604
CITY-ST-ZIP	LAUDERHILL FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), 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 consider 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: *Domingo Clemente*
SIGNATURE AND TYPED OR PRINTED NAME OF DOMINGO OFFICER OR DIRECTOR
DOMINGO CLEMENTE

2/20/95 (305)497-3807