

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N92000000107 (4)

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



Principal Place of Business
**4126 INVERRARY BLVD
SUITE 2604
LAUDERHILL FL 33319
US**

Mailing Address
**4126 INVERRARY BLVD
SUITE 2604
LAUDERHILL FL 33319
US**

3. Date Incorporated or Qualified **10/30/1992** 3a. Date of Last Report **02/21/1995**

2. Principal Place of Business
21 **3930 INVERRARY BLVD**
Suite, Apt. #, etc. **703**
City & State **Lauderhill, Fl.**
Zip **33319** Country **Broward**

2a. Mailing Address
26 **3930 INVERRARY BLVD**
Suite, Apt. #, etc. **703**
City & State **Lauderhill, Fl.**
Zip **33319** Country **Broward**

4. FEI Number **65-0371458** 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**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

**CLEMENTE, DOMINGO
4126 INVERRARY BLVD
APT 2604
LAUDERHILL FL 33319**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **3930 INVERRARY BLVD**
83 **Apt 703**
84 City **Lauderhill** FL 85 Zip Code **33319**

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 *Domingo Clemente* **PC**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE:

12. OFFICERS AND DIRECTORS

TITLE	CD	<input checked="" type="checkbox"/> DELETE
NAME	SAVAIN, ROGER E	
STREET ADDRESS	100 NW 76TH AVE, #306-2	
CITY-ST-ZIP	PLANTATION FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	ANDRE, MAUD R	
STREET ADDRESS	2604 NW 47TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	CLEMENTE, DOMINGO	
STREET ADDRESS	4126 INVERRARY BLVD., #2604	
CITY-ST-ZIP	LAUDERHILL 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	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Raphael, Marie Carmel	
2.3 STREET ADDRESS	5400 NW 17TH CT # C	
2.4 CITY-ST-ZIP	Lauderhill, FL 33313	
3.1 TITLE	President/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	William Stone, William Dr.	
4.3 STREET ADDRESS	43 N.E. 26 TH ST	
4.4 CITY-ST-ZIP	Wilton Manors, FL. 33334	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	Franklin, Robert N/A	
5.3 STREET ADDRESS	P.O. Box 1077	
5.4 CITY-ST-ZIP	 Ft. Lauderdale, FL. 33302	
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Domingo Clemente* **4/5/96** **(954)484-6084**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Day/Time Phone #

CR2E037 (12/95)