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Mar 14 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 # N92000000107 (4)
1. Corporation Name
SERVICES TO HAITIAN-AMERICAN RECOVERY EDUCATION, INC.



Principal Place of Business 3930 INVERRARY BLVD STE 703 LAUDERHILL FL 33319 US	Mailing Address 3930 INVERRARY BLVD STE 703 LAUDERHILL FL 33319-4340 US
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3. Date Incorporated or Qualified 10/30/1992	3a. Date of Last Report 04/09/1996
4. FEI Number 65-0371458	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 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

9. Name and Address of Current Registered Agent

**CLEMENTE, DOMINGO
3930 INVERRARY BLVD
APT 703
LAUDERHILL FL 33319**

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

FL

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's signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input 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	2804 NW 47TH TERRACE	
CITY-ST-ZIP	LAUDERDALE LAKES FL	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	CLEMENTE, DOMINGO	
STREET ADDRESS	4126 INVERRARY BLVD., #2604	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	RAPHAEL, MARIE CARMEL	
STREET ADDRESS	5400 NW 17TH COURT, #C	
CITY-ST-ZIP	LAUDERHILL FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	STONE, WILLIAM DR	
STREET ADDRESS	43 NE 26TH COURT	
CITY-ST-ZIP	MILTON MANORS FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, ROBERT	
STREET ADDRESS	PO BOX 1077 N/A	
CITY-ST-ZIP	FT LAUDERDALE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
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 checked="" 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 _____ DATE **3-12-97**

CR2E037 (9/96)

SERVICES TO HAITIAN-AMERICAN RECOVERY EDUCATION, INC.

PROVIDING SERVICES AND DEVELOPING STRATEGIES TO IMPROVE THE LIVES OF HAITIAN-AMERICANS

DIRECTORS/OFFICERS

Domingo Clemente
President & Chief Executive Officer

Roger E. Savain
Vice-President

Marie Carmel Raphael
Treasurer

David Warnke
Secretary

William Stone, Ed.D.

Robert Franklin

Rose Marie Dorvil

Blanche McGowan, Ed.D.

Saul Gelin

Maud R. Andre

ADVISORY COMMITTEES:

Transitional Education

Materials Development
& Production

Computer-Assisted Instruction
& Other Technologies

Refugee Concerns
& Cultural Adaptation

Administration: Legal, Financial
& Technical Assistance

Community Leadership Training
& Development

Cross-Cultural Collaborative
Systems & Partnerships

Early Childhood
& Family Involvement

Directors/Officers

Domingo Clemente, President
3930 Inverrary Blvd. #703
Lauderhill, FL 33319
(954) 484-6084

Roger E. Savain, Vice-President
100 NW 76th Avenue #306-2
Plantation, FL 33324
(954) 791-4964 Fax (954) 791-4086

Marie Carmel Raphael, Treasurer
2248 NW 59th Terrace
Lauderhill, FL 33313
(954) 739-2437

David Warnke, Secretary
2000 SW 33rd Avenue
Ft. Lauderdale, FL 33312-3748
(954) 327-9876

Saul Gelin
1871 NW 42nd Terrace #205
Lauderhill, FL 33313

Robert Franklin
651 SW 6th Street Apt. CT802
Pompano Beach, FL 33060
(954) 943-5555

William Stone, Ed.D.
43 NE 26th Court
Wilton Manors, FL 33334
(954) 566-7230

Rose Marie Dorvil
5991 NW 18th Court
Sunrise, FL 33313
(954) 739-5137

Blanche McGowan, Ed.D.
4480 NW 18th Terrace
Ft. Lauderdale, FL 33309-4559
(954) 493-7467

Maud R. Andre
PO Box 490251 *N/A*
Ft. Lauderdale, FL 33349-0251

(Rev.) January 29, 1997

