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 # N94000002385 (2)

1. Corporation Name

HAITI MISSION WORLD OUTREACH, INC.

Principal Place of Business	Mailing Address
3055 NW 5TH AVE MIAMI FL 33127	3055 NW 5TH AVE MIAMI FL 33127

3. Date Incorporated or Qualified	3a. Date of Last Report
05/10/1994	10/13/1995

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	23-7401384	Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
23 City & State	28 City & State	6. Election Campaign Financing Trust Fund Contribution ☐	**$5.00** May Be Added to Fees
24 Zip	25 Country	29 Zip	30 Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
VINCENT, JOSEPH, REV. 3055 NW 5TH AVE MIAMI FL 33127	81 Name REV. MAXIME MONCITO 82 Street Address (P.O. Box Number is Not Acceptable) 3055 NW 5TH AVE 83 84 City MIAMI FL 85 Zip Code 33127

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 X *Maxime Moncito* MAXIME MONCITO Feb 29/1996
(Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE **P**		☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME **MONCITO, MAXIME REV**			1.2 NAME	
STREET ADDRESS **3055 NW 5TH AVE**	D		1.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33127**			1.4 CITY-ST-ZIP	
TITLE **V**		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME **MONCITO, MARIE H**			2.2 NAME	
STREET ADDRESS **3055 NW 5TH AVE**	D		2.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33127**			2.4 CITY-ST-ZIP	
TITLE **S**		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME **VINCENT, JOSEPH REV**			3.2 NAME	
STREET ADDRESS **3055 NW 5TH AVE**	T		3.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33127**			3.4 CITY-ST-ZIP	
TITLE **V**		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME **BONHOMME, JOSEPH REV**			4.2 NAME	
STREET ADDRESS **438 NE 75 ST**	D		4.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33138**			4.4 CITY-ST-ZIP	
TITLE **AT**		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME **BONHOMME, IVENIE**			5.2 NAME	
STREET ADDRESS **438 NE 75 ST**	T		5.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33138**			5.4 CITY-ST-ZIP	
TITLE **T**		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME **ALPHONSE, GERTRUDE**			6.2 NAME	
STREET ADDRESS **150 NW 99 ST**	T		6.3 STREET ADDRESS	
CITY-ST-ZIP **MIAMI FL 33150**			6.4 CITY-ST-ZIP	

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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: X *Maxime Moncito* 2/29/96 (305) 573-7854
(SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) Date Daytime Phone #
MAXIME MONCITO

CR2E037 (12/95)