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95 MAY -1 PM 2:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**CORPORATION
ANNUAL REPORT
-1995**



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

DOCUMENT # N94000003671
1. Corporation Name
**CONCERNED HAITIAN AMERICANS UNITED
FOR DEVELOPMENT, INC.**

Principal Place of Business Mailing Address
P.O. Box 16545 Fort Lauderdale FL 33318

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **7/25/94** 3a. Date of Last Report

4. FEI Number **11-3047950** 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**

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

2. Principal Place of Business 2a. Mailing Address
21 **7675 N.W. 20TH Court** 26 **P.O. Box 16545**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 City & State 27 City & State
23 **Sunrise, FL** 28 **Fort Lauderdale, FL**
Zip Country Zip Country
24 **33322** 25 Country 29 **33318** 30 Country

9. Name and Address of Current Registered Agent
**Patrick Jabouin Sr.
7675 N.W. 20TH Court
Sunrise, FL 33322**

10. Name and Address of Now Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable) **500001517145**
83 **-06/20/95--01039--002**
84 City ******130.00** ******130.00**
FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE *Patrick Jabouin* **Patrick Jabouin, Chairman** **4/27/95**
(Signature typed or printed name of registered agent and title, if applicable) (NOTE: Registered Agent signature required when necessary) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE		11 TITLE	President "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		12 NAME	Guithete Ruiz
STREET ADDRESS		13 STREET ADDRESS	9961 S.W. 9TH Court
CITY, ST, ZIP		14 CITY, ST, ZIP	Pembroke Pines, FL 33023
TITLE		21 TITLE	Vice President "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22 NAME	Eric Cherry
STREET ADDRESS		23 STREET ADDRESS	8513 South Hampton Drive
CITY, ST, ZIP		24 CITY, ST, ZIP	Miramar, FL 33025
TITLE		31 TITLE	Secretary "D" <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32 NAME	Margarette Blot
STREET ADDRESS		33 STREET ADDRESS	8101 Biscayne Blvd.
CITY, ST, ZIP		34 CITY, ST, ZIP	Miami, FL 33161
TITLE		41 TITLE	T/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		42 NAME	Jean E. Jabouin Jr. "D"
STREET ADDRESS		43 STREET ADDRESS	9371 Sunset Strip
CITY, ST, ZIP		44 CITY, ST, ZIP	Sunrise, FL 33322
TITLE		51 TITLE	S/D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		52 NAME	Fanya Jabouin "D"
STREET ADDRESS		53 STREET ADDRESS	9371 Sunset Strip
CITY, ST, ZIP		54 CITY, ST, ZIP	Sunrise, FL 33322
TITLE		61 TITLE	CARINE Remy "D" <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		62 NAME	7675 NW 20TH COURT
STREET ADDRESS		63 STREET ADDRESS	SUNRISE, FL 33322
CITY, ST, ZIP		64 CITY, ST, ZIP	SUNRISE, FL 33322

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the protection of the Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate. 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 *Patrick Jabouin* **Patrick Jabouin, Chairman** **4/27/95 (305) 762-9314**
(Signature typed or printed name of required officer or director) DATE