
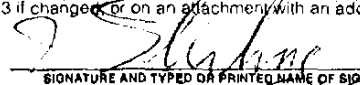


FILE NOW: FILING FEE IS \$61.25

FILED

Jul 29 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # N95000001995 (8) 1. Corporation Name HAITIAN EVANGELICAL CHURCHES UNITED, INC.					
Principal Place of Business 716 MICHIGAN AVE. #304 MIAMI BEACH FL. 33139			Mailing Address 716 MICHIGAN AVE. #304 MIAMI BEACH FL. 33139		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country			2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30		
9. Name and Address of Current Registered Agent D STERLING, JOSEPH E 716 MICHIGAN AVE. #304 MIAMI BEACH FL. 33139			10. Name and Address of New Registered Agent 81 Name JOSEPH E. STERLING 82 Street Address (P.O. Box Number is Not Acceptable) 83 716 MICHIGAN AVE. #304 84 City MIAMI BEACH FL 85 Zip Code 33139		
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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing) DATE					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE D <input type="checkbox"/> DELETE NAME STERLING, JOSEPH E STREET ADDRESS 716 MICHIGAN AVE. #304 CITY-ST-ZIP MIAMI BEACH FL. 33139			1.1 TITLE D <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 716 MICHIGAN AVE. #304 1.3 STREET ADDRESS MIAMI BEACH FL. 33139 1.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME BLEMUR, REYNOLD STREET ADDRESS 635 N. E 150 TREET CITY-ST-ZIP MIAMI FLORIDA 33161			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME TOUSSAINT, LOUIS F STREET ADDRESS 535 N W 97TH ST CITY-ST-ZIP MIAMI FL 33150			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME JEAN-LOUIS, JULES STREET ADDRESS 17830 NW 28TH CT CITY-ST-ZIP MIAMI FL 33056			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME JEAN-PHILLIPE, JEAN H STREET ADDRESS 561 NW 194TH ST CITY-ST-ZIP MIAMI FL 33169			5.1 TITLE 30000260718 <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME -08/04/98--01072--020 5.3 STREET ADDRESS ***61.25 5.4 CITY-ST-ZIP		
TITLE D <input type="checkbox"/> DELETE NAME JOSEPH, LEON STREET ADDRESS 12655 NE 1ST AVE CITY-ST-ZIP MIAMI FL 33161			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP PE 7.29		
14. I 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:  JOSEPH E. STERLING 06/10/98 (305)673-6122 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #					

CR2E037 (10/97)