SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: $61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $236.25).

NONPROFIT CORPORATION ANNUAL REPORT **1998**

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

FILED
Oct 08 1998 8:00am
Secretary of State

0005794

DOCUMENT # **N95000003534 (3)**

1. Corporation Name
HAITIAN RESOURCE CENTER, INC.

Principal Place of Business
301 BROADWAY
STE. 217
RIVIERA BEACH FL 33404

Mailing Address
301 BROADWAY
STE. 217
RIVIERA BEACH FL 33404

3. Date Incorporated or Qualified
07/24/1995

4. FEI Number
65-0606158 [ ] 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. Is this nonprofit corporation a homeowners association? [ ] Yes [ ] No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. [ ] Yes [ ] No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. **Name and Address of Current Registered Agent**
CENTER FOR MINORITY HUMAN SVCS. PROVIDERS
301 BROADWAY, STE. 300
RIVIERA BEACH FL 33404

10. **Name and Address of New Registered Agent**
81 Name Gesmer Naval
82 Street Address (P.O. Box Number is Not Acceptable)
83 2032 N. Dixie Hwy
84 City West Palm Beach FL 85 Zip Code 33407

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: Gesmer Naval (Signature, Typed or Printed Name of Registered Agent and Title, if applicable) Gesmer Naval (NOTE: Registered Agent signature required when reinstating) DATE 9-28-98

12. OFFICERS AND DIRECTORS

TITLE	VC	[X] DELETE
NAME	ST. VIL, JEAN P	
STREET ADDRESS	2032 N DIXIE HWY	
CITY-ST-ZIP	WEST PALM BEACH FL 33407	
TITLE	D	[ ] DELETE
NAME	RICE, HERBERT S JR	
STREET ADDRESS	8570 THOUSAND PINES CIR.	
CITY-ST-ZIP	WEST PALM BEACH FL 33411	
TITLE	S	[ ] DELETE
NAME	GCHELIN, FRANK	
STREET ADDRESS	2034 N. DIXIE HWY.	
CITY-ST-ZIP	W. PALM BCH FL 33407	
TITLE	T	[ ] DELETE
NAME	ST. LOUIS, LEONNE	
STREET ADDRESS	641 58TH ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	[ ] DELETE
NAME	HERNANDEZ, JENNY	
STREET ADDRESS	917 MARKET ST.	
CITY-ST-ZIP	WEST PALM BEACH FL 33401	
TITLE	D	[ ] DELETE
NAME	CELCIS, ALFRED	
STREET ADDRESS	25 S. SWINTON AVE.	
CITY-ST-ZIP	DELRAY BEACH FL 33444	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Chairman	[X] Change [ ] Addition
1.2 NAME	Rice, Herbert S. Jr.	
1.3 STREET ADDRESS	8570 Thousand Pines Circle	
1.4 CITY-ST-ZIP	West Palm Beach, FL 33411	
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: [signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 9-28-98 Daytime Phone # (561) 844-3318

CR2E037 (5/98)