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May 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # N95000004981 (5)

1. Corporation Name

HAITIAN AMERICAN YOUTH OF TOMORROW, INC.



Principal Place of Business	Mailing Address
1140 N.E. 163RD STREET SUITE 10 NORTH MIAMI BEACH FL 33162-4517	1140 N.E. 163RD STREET SUITE 10 NORTH MIAMI BEACH FL 33162-4517

3. Date Incorporated or Qualified 10/16/1995	3a. Date of Last Report 07/18/1996
4. FEI Number 65-0619104	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" 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 checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29 30

9. Name and Address of Current Registered Agent
LECORPS, KAREEN
245 N.E. 191 STREET #3024
NORTH MIAMI BEACH FL 33179

10. Name and Address of New Registered Agent
81 Name
Carlin Paul
82 Street Address (P.O. Box Number is Not Acceptable)
1140 N.E. 163rd Street, Suite 10
83
84 City North Miami Beach FL 85 Zip Code 33162

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 *Carline M. Paul* Carline M. Paul, President/Registered Agent
(NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	C	<input type="checkbox"/> DELETE
NAME	NEPTUNE, PHILIPPE	
STREET ADDRESS	1235 NE 138TH TERR.	
CITY-ST-ZIP	MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PAUL, CARLINE	
STREET ADDRESS	1140 NE 163RD ST., SUITE 10	
CITY-ST-ZIP	N. MIAMI FL 33162-4517	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	LECORPS, KAREEN	
STREET ADDRESS	245 NE 191 ST., APT. 3024	
CITY-ST-ZIP	N. MIAMI BEACH FL 33179	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	VILLIAN, MARK	
STREET ADDRESS	6255 NW 7TH AV.E	
CITY-ST-ZIP	MIAMI FL 33150	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAY, GEORGES	
STREET ADDRESS	7964 PENBROKE RD.	
CITY-ST-ZIP	MIRAMAR FL 33023	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Lesly Prudent	
1.3 STREET ADDRESS	800 NE 137th Street	
1.4 CITY-ST-ZIP	N. Miami, FL 33161	
2.1 TITLE	D/VC	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Jean Robert Bertrand	
2.3 STREET ADDRESS	13105 NE 7th Avenue	
2.4 CITY-ST-ZIP	N. Miami, FL 33161	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	D/S	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Patrick Tropnas	
4.3 STREET ADDRESS	236 NE 51 Street, #1	
4.4 CITY-ST-ZIP	Miami, FL 33137	
5.1 TITLE	D/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	Oscar J. Braynon	
5.3 STREET ADDRESS	5400 NW 22nd Avenue, Ste #701	
5.4 CITY-ST-ZIP	Miami, FL 33150	
6.1 TITLE		<input 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: *Carline M. Paul* April 30, 1997 (305) 449-3836

CR2E037 (9/96)