

FILE NOW: FILING FEE IS \$61.25

FILED
May 14 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 # [REDACTED] (5)
1. Corporation Name
Haitian American Youth of Tomorrow
195000004981

Principal Place of Business *1348 NE 147 St. Miami, FL 33161*
Mailing Address *1348 NE 147 St. Miami, FL 33161*

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

3. Date Incorporated or Qualified
10/16/95

4. FEI Number *65-0619104* Applied For/Not Applied

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

9. Name and Address of Current Registered Agent
Le Corp's Karen
245 N.E. 191 St. # 3024
MIAMI FL 33179

10. Name and Address of New Registered Agent

61 Name *Oscar Braynon*

62 Street Address (P.O. Box Number is Not Acceptable)

63 *5400 NW 22 Ave # 701*

64 City *Miami* FL 65 Zip Code *33142*

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]* DATE *28 April 1998*

Signature, typed or printed name of registered agent and date if applicable. NOTE: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS

TITLE	DP	MR. Lesly Prudent	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		<i>800 NE 80 Ave</i>	
CITY - ST - ZIP		<i>MIAMI FL 33161</i>	
TITLE	VD	MR. Jean Robert Bertrand	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		<i>13105 NE 7 Ave</i>	
CITY - ST - ZIP		<i>N MIAMI FL 33161</i>	
TITLE	T	Oscar Braynon	<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS		<i>5400 N.W. 22 Ave # 701</i>	
CITY - ST - ZIP		<i>MIAMI FL 33142</i>	
TITLE	S		<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE	D		<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			
TITLE			<input type="checkbox"/> DELETE
NAME			
STREET ADDRESS			
CITY - ST - ZIP			

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addit
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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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]* DATE: *4/28/98* DAYTIME PHONE: *636-2331*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR