

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # N95000005578 (8)

1. Corporation Name

HAITIAN ORGANIZATION FOR HEALTH PROMOTION, CORP.



Principal Place of Business

Mailing Address

20921 SW 103 CT
 MIAMI FL 33189

20921 SW 103 CT
 MIAMI FL 33189

3. Date Incorporated or Qualified

11/28/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

29 Zip

30 Country

4. FEI Number

65-0663187

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

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

DELISMA, KANSKY
 20921 SW 103 CT
 MIAMI FL 33189

81 Name

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

83

84 City

FL

85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DELETE
 NAME **D Kansky Delisma**
 STREET ADDRESS **20921 SW 103 CT**
 CITY-ST-ZIP **Miami FL 33189**

1.1 TITLE Change Addition

12 NAME **M Harry Renois**
 1.2 NAME
 1.3 STREET ADDRESS **232 NW 102 ST.**
 1.4 CITY-ST-ZIP **Miami FL 33150**

TITLE DELETE
 NAME **D Harry Renois**
 STREET ADDRESS **232 NW 102 ST**
 CITY-ST-ZIP **Miami FL 33150**

2.1 TITLE Change Addition

2.2 NAME **T Orel Fontaine**
 2.3 STREET ADDRESS **8909 NW 1 Ave**
 2.4 CITY-ST-ZIP **Miami FL 33138**

TITLE DELETE
 NAME **D Evens Delisma**
 STREET ADDRESS **20921 SW 103 CT**
 CITY-ST-ZIP **Miami FL 33189**

3.1 TITLE Change Addition

3.2 NAME **S Fayol Delisma**
 3.3 STREET ADDRESS **20921 SW 103 CT**
 3.4 CITY-ST-ZIP **Miami FL 33189**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

900001924998 Change Addition
-08/19/96--01005--048
*****61.25**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: K. S. B. [Signature]
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96 (305) 256 7491
 Date Daytime Phone #

05/8/16/196

000842

CR2E037 (3/96)