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 . FLORIDA DEPARTMENT OF STATE CORPORATION \* 🕳 🗸 Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 N95000005578 (8) **DOCUMENT #** HAITIAN ORGANIZATION FOR HEALTH PROMOTION, CORP. Mailing Address Principal Place of Business 20921 SW 103 CT 20921 SW 103 CT MIAMI FL 33189 MIAMI FL 33189 3a. Date of Last Report 3. Date Incorporated or Qualified 11/28/1995 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 65-0663 187 Not Applicable 26 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 \$5,00 May Be City & State 6. Election Campaign Financing City & State Added to Fees Trust Fund Contribution 28 23 8. This corporation has liability for intangible tax under s. 199.032 Country Country Zip Zip No Yes Florida Statutes 30 29 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 61 Name Street Address (P.O. Box Number is Not Acceptable) DELISMA, KANSKY 82 20921 SW 103 CT **MIAMI FL 33189** Zip Code 85 City 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 (NOTE Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/E) 13. OFFICERS AND DIRECTORS 12. Change A Addition DELETE 1.1 TITLE TITLE Harry Renois CR2E037 12 NAME Kansky Delisma 20921 SW 103 Ct NAME 102 St. 33150 232 1.3 STREET ADDRESS STREET ADDRESS Miami Miami FL. 33189 1.4 CITY - ST - ZIP CITY-ST-ZIP Change Addition 21 TITLE TITLE 22 NAME Fontaine Orel NAME 2.3 STREET ADDRESS STREET ADDRESS Miami FL. 33150 2 4 CITY - ST - ZIP CITY-ST-ZIP Addition 3.1 TITLE TITLE Delisma 3 2 NAME Delisma sw 108 cr NAME SW 103 Ct. Evens 3.3 STREET ADDRESS STREET ADDRESS 20921 3 4. CITY - ST- ZIP CITY-ST-ZIP Addition Change DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST- ZIP CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TITLE S 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP 900001924999 -08/19/96--01005--048 \*\*\*61.25 CITY-ST-ZIP Addition DELETE 6.1 TITLE TITLE 62 NAME NAME **6.3 STREET ADDRESS** STREET ADDRESS 6.4 CITY - ST - ZIP 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-22-96 (305) 256 7491

Date (5 8//6/96 0008642