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Jun 13 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 # N96000000235 (9)

1. Corporation Name

EGLISE BAPTISTE HAITIENNE LES RACHETES, INC.

Principal Place of Business	Mailing Address
9150 N.W. 17TH AVENUE MIAMI FL 33147	9150 N.W. 17TH AVENUE MIAMI FL 33147-3102

3. Date Incorporated or Qualified: 01/16/1996
3a. Date of Last Report: N/A

2. Principal Place of Business
21: 9150 N.W. 17th Ave.
22: Suite, Apt. #, etc.
23: City & State: Miami, Florida
24: Zip: 33147
25: Country: U.S.A

2a. Mailing Address
26: 1460 N.W. 92nd St
27: Suite, Apt. #, etc.
28: City & State: Miami, Fla.
29: Zip: 33147
30: Country: U.S.A

4. FEI Number: 65-059-4413 ☐ 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

CIVIL, VENEL REV
1460 N.W. 92ND STREET
MIAMI FL 33147

10. Name and Address of New Registered Agent

81 Name: Venel Civil
82 Street Address (P.O. Box Number is Not Acceptable): 1460 N.W. 92nd Street
83
84 City: Miami, Fla. FL 85 Zip Code: 33147

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: Venel Civil — DATE: April 28, 1997
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	PD ☐ Change ☐ Addition
NAME	CIVIL, VENEL REV		1.2 NAME	Venel Civil
STREET ADDRESS	1460 N.W. 92ND STREET		1.3 STREET ADDRESS	1460 N.W. 92 St
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	Miami Fl. 33147
TITLE	VD	☐ DELETE	2.1 TITLE	VD ☐ Change ☐ Addition
NAME	ANGLADE, CLICENIE		2.2 NAME	Clicenie Anglade
STREET ADDRESS	1460 N.W. 92ND STREET		2.3 STREET ADDRESS	1460 N.W. 92 St
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami Fl 33147
TITLE	SD	☐ DELETE	3.1 TITLE	SD ☐ Change ☐ Addition
NAME	BRUTUS, DELIVRANCE		3.2 NAME	Brutus Delivrance
STREET ADDRESS	13200 N.W. 22ND AVENUE		3.3 STREET ADDRESS	13200 N.W. 22nd Ave
CITY-ST-ZIP	MIAMI FL		3.4 CITY-ST-ZIP	Miami Fl.
TITLE	TD	☐ DELETE	4.1 TITLE	TD ☐ Change ☐ Addition
NAME	PAUL, AUREL		4.2 NAME	Paul Aurel
STREET ADDRESS	3362 N.W. 194TH STREET		4.3 STREET ADDRESS	3362 NW 194TH St
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami Fl.
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

CR2E037 (9/96)

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: [illegible] — DATE: 4-28-97