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Apr 08, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N96000000777

1. Corporation Name
SOUTH FLORIDA HAITIAN AMERICAN CHRISTIAN CENTER, INC.

Principal Place of Business 111 NORTHWEST 54TH STREET MIAMI FL 33127	Mailing Address 111 NORTHWEST 54TH STREET. MIAMI FL 33127
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/13/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0641990
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent AMICO, SILVIO 6401 S.W. 87TH AVE. STE. 120 MIAMI FL 33135	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ DATE _____
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 <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, ADNER	1.2 NAME	
STREET ADDRESS	111 NORTHWEST 54TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE, BENOIT	2.2 NAME	
STREET ADDRESS	111 NORTHWEST 54TH STREET	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSEPH, CARLIE	3.2 NAME	
STREET ADDRESS	111 NORTHWEST 54TH STREET	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	3.4 CITY-ST-ZIP	
TITLE	S <input checked="" type="checkbox"/> DELETE	4.1 TITLE	LOUIS LEGROS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CALIXTE, FRITZ	4.2 NAME	11239 NW 15 CT
STREET ADDRESS	111 NORTHWEST 54TH STREET	4.3 STREET ADDRESS	MIAMI FLA. 33167
CITY-ST-ZIP	MIAMI FL 33127	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREA, HERMANN	5.2 NAME	
STREET ADDRESS	111 NORTHWEST 54TH STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THEODORE, ROSELENE	6.2 NAME	
STREET ADDRESS	111 NORTHWEST 54TH STREET	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33127	6.4 CITY-ST-ZIP	

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, with all other like empowered.

SIGNATURE: Revsig ADNER JOSEPH Date: 4/3/99 Daytime Phone #: (305) 7578311

CR2E037 (1/98)