


FILE NOW: FILING FEE IS \$61.25

FILED

Feb 19 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 # N97000000745 (6) 1. Corporation Name HAITI VISION OF SOUTHWEST FLORIDA, INC.			
Principal Place of Business 5461 TEXAS AVENUE NAPLES FL 34113		Mailing Address 5461 TEXAS AVENUE NAPLES FL 34113	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country	
9. Name and Address of Current Registered Agent CORPORATION SERVICE COMPANY 1201 HAYS STREET TALLAHASSEE FL 32301-2525			
10. Name and Address of New Registered Agent 81 Name Raphael St. Louis 82 Street Address (P.O. Box Number is Not Acceptable) 5461 Texas Avenue 83 84 City Naples FL 85 Zip Code 34113			
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 Raphael St. Louis Raphael St. Louis 2-11-98 <small>(Signature, type or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reappointing) DATE</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PTD <input type="checkbox"/> DELETE NAME ST. LOUIS, RAPHAEL STREET ADDRESS 5461 TEXAS AVENUE CITY-ST-ZIP NAPLES FL 34113		1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VPSD <input type="checkbox"/> DELETE NAME ST. LOUIS, ANALIA STREET ADDRESS 5461 TEXAS AVENUE CITY-ST-ZIP NAPLES FL 34113		2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE D <input type="checkbox"/> DELETE NAME ALUSMA, SISTER JANINE STREET ADDRESS PSST RIVIERE FROIDE CARREFOUR CP 11095 CITY-ST-ZIP PORT-AU-PRINCE HAITI, GA		3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	



CP2E037 (10/97)

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: **Raphael St. Louis** **Raphael St. Louis** **2-11-98 (941) 643-7740**