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Apr 26, 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 # N97000000848

1. Corporation Name
EGLISE DU CHRIST HAITIENNE DE NORTH MIAMI CORPORATION

Principal Place of Business 6620 MIAMI AVE MIAMI FL 33150 US	Mailing Address 6620 MIAMI AVENUE MIAMI FL 33150 US
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/12/1997
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0499832
City & State 23	City & State 28	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

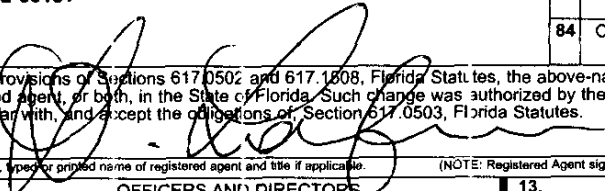
9. Name and Address of Current Registered Agent

KERNIZAN-LAFLEUR, DUMAS PASTOR
~~14945 N.E. 6TH AVENUE~~ *195 N.E. 127 ST*
 NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name	KERNIZAN-LAFLEUR DUMAS PASTOR
82 Street Address (P.O. Box Number is Not Acceptable)	
83	195 N.E. 127 STREET
84 City	NORTH MIAMI FL
85 Zip Code	33161

11. Pursuant to the provisions of Sections 617.0502 and 617.1008, 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) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	KERNIZAN-LAFLEUR, DUMAS PASTOR	
STREET ADDRESS	195 N.E. 127TH STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	MERISE, MARIE GESTA	
STREET ADDRESS	6885 W 7TH AVE APT #906	
CITY-ST-ZIP	HIALEAH FL 33014	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	LAFLEUR, BERNADETTE	
STREET ADDRESS	195 N.E. 127 STREET	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE	ATD	<input type="checkbox"/> DELETE
NAME	OSIAS, MARIE FRANCOISE	
STREET ADDRESS	12300 N.E. 4TH AVENUE, APT. 211	
CITY-ST-ZIP	NORTH MIAMI FL 33161	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 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	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 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	

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:  **DUMAS LAFLEUR**, 4/24/99
 (305) 252-2007

CR2E037 (11/98)