

FILE NOW: FILING FEE IS \$61.25

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Feb 05 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000003009 (4)**

1. Corporation Name
ASSOCIATION DES JEUNES ARTISTES ADVENTISTES HAITIENS, INC.



Principal Place of Business ZION SEVENTH DAY ADVENTIST CHURCH 503 NW 10TH STREET MIAMI FL 33136	Mailing Address ZION SEVENTH DAY ADVENTIST CHURCH 503 NW 10TH STREET MIAMI FL 33136
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3. Date Incorporated or Qualified 05/23/1997	
4. FEI Number 65-0787620	Applied For <input type="checkbox"/> Not Applicable

21. Principal Place of Business	2a. Mailing Address
22. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
23. City & State	27. City & State
24. Zip	28. Zip
25. Country	29. Country
30. Country	

5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
AVIN-DURANDISSE, ROSE V ZION SEVENTH DAY ADVENTIST CHURCH 503 NW 10TH STREET MIAMI FL 33136				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City	FL	85

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 *Rose V. Avin-Durandisse* DATE **1-26-98**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	Chantal Beljard
STREET ADDRESS		1.3 STREET ADDRESS	9798 NW 25th Ave.
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Miami, FL 33147
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	Donna Hearne
STREET ADDRESS		2.3 STREET ADDRESS	125 NW 86th Street
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Miami, FL 33150
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	Marie-Jose Daphnis
STREET ADDRESS		3.3 STREET ADDRESS	245 NW 127th Street
CITY-ST-ZIP		3.4 CITY-ST-ZIP	Miami, FL 33161
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	Jocelyn Augustin
STREET ADDRESS		4.3 STREET ADDRESS	4620 SW 36th Street
CITY-ST-ZIP		4.4 CITY-ST-ZIP	Hollywood, FL 33023
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	Vice President <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	Donald Henry
STREET ADDRESS		5.3 STREET ADDRESS	503 NW 10th Street
CITY-ST-ZIP		5.4 CITY-ST-ZIP	Miami, FL 33136
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	Treasurer <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	Rose Vania Avin-Durandisse
STREET ADDRESS		6.3 STREET ADDRESS	503 NW 10th Street
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Miami, FL 33136

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: *Rose V. Avin-Durandisse* **(305) 378-5056** *Rose V. AVIN-DURANDISSE 1/26/98*

CR2E037 (10/97)