

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1. AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham, Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N97000005687 (5)

1. Corporation Name

ENVIROHAITI AUDUBON SOCIETY, INC.

Principal Place of Business

Mailing Address

1145 NE 135TH ST.
N. MIAMI FL 33161

1145 NE 135TH ST.
N. MIAMI FL 33161

2. Principal Place of Business

2a. Mailing Address

21 1145 NE 135th ST

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 N. MIAMI, FL

28

24 Zip

Country

29 Zip

Country

33161

DADE

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/08/1997

4. FEI Number

65-0852644

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

7. Is this nonprofit corporation a homeowners association?

Yes No

8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.

Yes No

10. Name and Address of New Registered Agent

81 Name

EMMANUEL MILLIEN

82 Street Address (P.O. Box Number is Not Acceptable)

1145 NE 135th ST

83

N. MIAMI, FL

84 City

FL

85 Zip Code

33161

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

8/3/98

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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TITLE NAME STREET ADDRESS CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PRESIDENT/TREASURER Change Addition

1.2 NAME EMMANUEL MILLIEN

1.3 STREET ADDRESS 1145 NE 135th ST

1.4 CITY-ST-ZIP N. MIAMI, FL 33161

2.1 TITLE SECRETARY Change Addition

2.2 NAME JOEL TIMYAN

2.3 STREET ADDRESS 2434 N.W. 67th TERRACE

2.4 CITY-ST-ZIP GAINESVILLE, FL 32606-6349

3.1 TITLE VICE PRESIDENT Change Addition

3.2 NAME DANCE DU MARRON

3.3 STREET ADDRESS INCONNH, CHAMPS MARS, BOX 41

3.4 CITY-ST-ZIP PORT-AU-PRINCE, HAITI

4.1 TITLE Change Addition

4.2 NAME 800002703218-6

4.3 STREET ADDRESS -12/04/98-01062-005

4.4 CITY-ST-ZIP *****61.25 *****61.25

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/3/98

Date

Daytime Phone #

APPROVED AND FILED

98 DEC -1 PM 4:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



0006923

CR2E037 (5/98)