

**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**


FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Sep 02, 1999 8:00 am
Secretary of State

09-02-1999 90006 035 ****61.25

DOCUMENT # **N98000005354**

1. Corporation Name

"THE CHILDREN OF HAITI INC."

Principal Place of Business
174 N.W. 110TH STREET
MIAMI FL 33168

Mailing Address
174 N.W. 110TH STREET
MIAMI FL 33168

6 615642-90014-43 2 *

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 09/17/1998	
21 Suite, Apt. #, etc.		28 Suite, Apt. #, etc.		4. FEI Number 65-0869568	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip Country		28 Zip Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip		29 Zip		30	

9. Name and Address of Current Registered Agent

AURELIEN, EDDY
174 N.W. 110TH STREET
MIAMI FL 33168

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	AURELIEN, EDDY	1.2 NAME	
STREET ADDRESS	174 N.W. 110TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CANTAVE, MARIE D	2.2 NAME	
STREET ADDRESS	1085 N.W. 128TH TERRACE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33168	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERRE, FRANTZ	3.2 NAME	
STREET ADDRESS	1461 N.E. 169TH STREET APT. 332	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33162	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

Eddy Aurelien
EDDY AURELIEN

Date

9/30/99

Daytime Phone #

CR2E037 (5/89)