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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000066445 (4)

CENTER FOR HAITIAN DEVELOPMENT, CORP. Mailing Address Principal Place of Business 2629 FUNSTON STREET 2629 FUNSTON STREET HOLLYWOOD FL 33020 HOLLYWOOD FL 33020 3. Date incorporated or Qualified 3a. Date of Last Report 08/28/1995 4. FELNumber Applied For 2, Principal Place of Business 2a. Mailing Address Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite Apt. #. etc 5. Certificate of Status Desired  $\Box$ Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Zio Country 29 30 Florida Statutes Yes No 24 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name JOSEPH, MARC YVES Street Address (P.O. Box Number is Not Acceptable) **B2 2629 FUNSTON STREET** 83 HOLLYWOOD FL 33020 Zip Code Crty 85 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Add-tion • 1 THE TITLE JOSEPH, MARC YVES CR2E034 1.2 NAME NAME 2629 FUNSTON STREET 1.3 STREET ADDRESS STREET ADORESS HOLLYWOOD FL 33020 1.4 CHY ST-ZIE CITY-ST-ZIP TITLE TOELFTE. 2.10003 Change Addition LOUISSAINT, CLAUDE 2.2 NAM5 NAME 1920 S.W. 66TH AVE. STREET ADORESS 2.3 STREET ADDRESS POMPANO BEACH FL 33068 CITY-ST-ZIP 24 CHY ST-ZIP [ ] DELETE 3 1 T TLF Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4 C-TY - ST - 2IP CITY-ST-ZIP ☐ Addition DELETE TITLE 4 1 THELE NAME 4.2 NAME STREET ADDRESS 4.3 STHEET ADDRESS 4.4 CITY - S1 - ZIP CITY - ST - ZIP DELETE 5 1 TITLE Change ☐ Addition THILE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5 4 CITY - ST - ZIP CITY-ST-2IP Change ☐ Addition ☐ DELETE 6.11II:E TITLE NAME 6.2 NAME STREET ADORESS 6.3 STREET ADDRESS 64 DITY-ST ZIP CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 early that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chanter 607, Florida Statutes; and that my name

SIGNATURE:

Marc Yves Joseph

4/27/96

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