
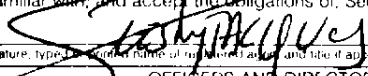


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Feb 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000079756 (9) 1. Corporation Name RADIO HAITI AMERIQUE INTERNATIONAL, INC.			
Principal Place of Business 3798 NW 19TH STREET LAUDERHILL FL 33311 US		Mailing Address 3798 NW 19TH STREET LAUDERHILL FL 33311 US	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	
3. Date Incorporated or Qualified 10/13/1995		4. FEI Number 65-0618320	
5. Certificate of Status Desired <input 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. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent JACQUES, LESLY 117 NE 54TH STREET MIAMI FL 33137		10. Name and Address of New Registered Agent 81 Name JACQUES, LESLY 82 Street Address (P.O. Box Number is Not Acceptable) 3798 N.W. 19th St. 83 84 City LAUDERHILL FL 85 Zip Code 33311	
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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE  PRESIDENT DATE 2/7/98 <small>Signature, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <input checked="" type="checkbox"/> DELETE NAME D JACQUES, LESLY STREET ADDRESS 117 NE 54TH STREET CITY-ST-ZIP MIAMI FL 33137		1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME D JACQUES, LESLY 1.3 STREET ADDRESS 3798 N.W. 19th St. 1.4 CITY-ST-ZIP LAUDERHILL FL 33311	
TITLE <input checked="" type="checkbox"/> DELETE NAME D JACQUES, DANIELLE STREET ADDRESS 117 NE 54TH STREET CITY-ST-ZIP MIAMI FL 33137		2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME D JACQUES, DANIELLE 2.3 STREET ADDRESS 3798 N.W. 19th St. 2.4 CITY-ST-ZIP LAUDERHILL FL 33311	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	



DO NOT WRITE IN THIS SPACE

CR2E034 (10/97)