FILE NOW: FILING FEE AFTER MAY 1 IS $155.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
'95 APR -7 AM 10:45

DOCUMENT # N05724 (2)

1. Corporation Name

HAITIAN AMERICAN NURSES ASSOCIATION, INC.

Principal Place of Business	Mailing Address
SENATOR BUILDING 13899 BISCAYNE BLVD., SUITE 404 MIAMI FL 33181	P.O. BOX 4933 MIAMI FL 33169

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 10/18/1984
3a. Date of Last Report: 06/27/1994
4. FEI Number: 59-2463138 ☐ 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. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ $68.75 Supplemental Fee Not Required
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

NOVACK, PAUL D.
13899 BISCAYNE BLVD, STE 404
MIAMI FL 33181

10. Name and Address of New Registered Agent

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

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	~~BENEDICT, MARIE-SOLANGE~~	1.2 NAME	PAPERWALLA, GHISLAINE
STREET ADDRESS	~~7214 SW 134TH COURT~~	1.3 STREET ADDRESS	142-15 S. BISCAYNE RIV. DR.
CITY-ST-ZIP	~~MIAMI FL~~	1.4 CITY-ST-ZIP	MIAMI FL. 33161
TITLE	VPD	2.1 TITLE	☐ Change ☐ Addition
NAME	FRENCH, MARIE-LILIANE	2.2 NAME	
STREET ADDRESS	1400 S.W. 88TH AVENUE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROOKE PINES FL	2.4 CITY-ST-ZIP	
TITLE	VPD	3.1 TITLE	☐ Change ☐ Addition
NAME	ZEPHIRIN, MARIE-BLEUETTE	3.2 NAME	
STREET ADDRESS	2633 ACAPULA DRIVE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIRAMAR FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	BLOT, ANSSIE	4.2 NAME	
STREET ADDRESS	14810 E. JETHERCLIFT STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	4.4 CITY-ST-ZIP	
TITLE	AT	5.1 TITLE	☐ Change ☐ Addition
NAME	MOISE, MICHELLE	5.2 NAME	
STREET ADDRESS	711 GREENBRIAR AVENUE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DAVIE FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	S ☒ Change ☐ Addition
NAME	~~SAINTPHARD, AUGUSTO~~	6.2 NAME	REMY, MARIE-CARMELLE
STREET ADDRESS	~~805 N.W. 190TH STREET~~	6.3 STREET ADDRESS	10145 SW 223 TERR.
CITY-ST-ZIP	~~MIAMI FL~~	6.4 CITY-ST-ZIP	MIAMI FL. 33190

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)(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: Ghislaine Paperwalla 4-3-95 305 324 4453
SIGNATURE AND TYPED OR PRINTED NAME OF MEMBER OFFICER OR DIRECTOR — Date — Daytime Phone #
Ghislaine Paperwalla X 3521

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