

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

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**

3. Date Incorporated or Qualified
10/18/1984

3a. Date of Last Report
04/07/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip 25 Country

29 Zip 30 Country

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**

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

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

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 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

TITLE ☐ DELETE
NAME **PD**
STREET ADDRESS **PAPERWALLA, GHISLAINE**
CITY-ST-ZIP **142-15 S. BISCAYNE RIV. DR.
MIAMI FL**

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **FRENCH, MARIE-LILIANE**
CITY-ST-ZIP **1400 S.W. 88TH AVENUE
PEMBROOKE PINES FL**

TITLE ☐ DELETE
NAME **VPD**
STREET ADDRESS **ZEPHIRIN, MARIE-BLEUETTE**
CITY-ST-ZIP **2633 ACAPULA DRIVE
MIRAMAR FL**

TITLE ☐ DELETE
NAME **T**
STREET ADDRESS **BLOT, ANSSIE**
CITY-ST-ZIP **14810 E. JETHERCLIFT STREET
DAVIE FL**

TITLE ☐ DELETE
NAME **AT**
STREET ADDRESS **MOISE, MICHELLE**
CITY-ST-ZIP **711 GREENBRIAR AVENUE
DAVIE FL**

TITLE ☐ DELETE
NAME **S**
STREET ADDRESS **REMY, MARIE-CARMELLE**
CITY-ST-ZIP **10145 SW 223 TERR
MIAMI FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME **AS**
1.3 STREET ADDRESS **BERROUET, MARLENE**
1.4 CITY-ST-ZIP **1860 S GLADES DRIVE #1
N. MIAMI BEACH FL. 33162**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

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 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 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:

Ghislaïne Paperwalla
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-19-96
Date

305 324 4455
Daytime Phone # **x 3524**

CR2E037 (12/95)