

FILED

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Secretary of State

06-01-1999 90049 008 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N05724

1. Corporation Name

HAITIAN AMERICAN NURSES ASSOCIATION OF FLORIDA, INC

Principal Place of Business	Mailing Address
Senator Bldg	P. O. Box 4933
13899 Biscayne Blvd, #404	Miami, Florida 33169
Miami, Florida 33181	

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	10/18/84
22 City & State	27 City & State	4. FEI Number
23 Zip	28 Zip	59-2463138
24 Country	29 Country	Applied For
	30	Not Applicable
5. Certificate of Status Desired		\$8.75 Additional Fee Required
6. Election Campaign Financing		\$5.00 May Be Added to Fees
Trust Fund Contribution		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Novack, Paul, Esq
13899 Biscayne Blvd, Suite 404
Miami, Florida 33181

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

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

Paul Novack, Atty

5/26/99

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Pre President, Dir <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marie C. Remy	1.2 NAME	
STREET ADDRESS	10145 SW 223 Terrace, Miami FL 33190	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	Vice President, Dir <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Hilda Alcindor	2.2 NAME	
STREET ADDRESS	10320 NW 2nd Ave, Miami FL 33168	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	Treasurer, Dir <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Marlene Cesar	3.2 NAME	
STREET ADDRESS	800 NE 212 Terr, Miami FL 33179	3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	Secretary, Dir <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Michelle Moise	4.2 NAME	
STREET ADDRESS	711 Greenbriar Ave, Davie FL 33325	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:

Marie C. Remy

Marie C. Remy

May 15, 99 (305)237-4168

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)