

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$153 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$303)**

NONPROFIT 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 JUN 20 11 8:41

DOCUMENT # N33543 (2)
1. Corporation Name
THE HAITIAN AMERICAN ENGINEERING SOCIETY INC.

Principal Place of Business Mailing Address
PO BOX 630072 PO BOX 630072
MIAMI FL 33269-9928 MIAMI FL 33269-9928

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified 08/02/1989 3a. Date of Last Report 05/01/1994
4. FEI Number 65-0198172 Applied For Not Applicable

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

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 **FILING FEE IS \$61.25**
8. This corporation has liability for intangible tax under s. 193.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
ETHEART JR., BERNARD
9337 N.W. 2ND COURT
MIAMI FL 33150

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 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]* DATE: 6/13/95

12. OFFICERS AND DIRECTORS
TITLE D
NAME PIERRE, YVES
STREET ADDRESS 8628 LONG ACRE DR.
CITY - ST - ZIP MIRAMAR FL
TITLE D
NAME GASPARD, ALEX, HENRY
STREET ADDRESS 11741 NE 14 AVE
CITY - ST - ZIP MIAMI FL
TITLE D
NAME POLYCARPE, ANTHONY
STREET ADDRESS 1725 N.W. 190 TERRACE
CITY - ST - ZIP MIAMI FL
TITLE D
NAME MASSAC, MAX E.
STREET ADDRESS 1635 NW 130 STREET
CITY - ST - ZIP N. MIAMI FL
TITLE D
NAME ETHEART, BERNARD
STREET ADDRESS 9337 NW 2ND COURT
CITY - ST - ZIP MIAMI FL
TITLE D
NAME INNOCENT, JESSY
STREET ADDRESS 481 BANKS ROAD #6
CITY - ST - ZIP MARGATE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE D Change Addition
12 NAME Cesar, Linda
13 STREET ADDRESS 481 Banks Road # 6
14 CITY - ST - ZIP Margate, FL 33063
21 TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY - ST - ZIP
31 TITLE Change Addition
32 NAME D MARG A. GAUTHIER
33 STREET ADDRESS 5815 SW 144 CT
34 CITY - ST - ZIP MIAMI FL 33183
41 TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY - ST - ZIP
51 TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY - ST - ZIP
61 TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 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 110.07(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: *[Signature]* DATE: 6/13/1995 (305)460-6748

CR2E037 (3/95)