

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



Principal Place of Business: PO BOX 693072 MIAMI FL 33269-9998
Mailing Address: PO BOX 693072 MIAMI FL 33269-9998

3. Date Incorporated or Qualified: 08/02/1989
3a. Date of Last Report: 06/20/1995

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

4. FEI Number: 65-0198172 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
ETHEART JR., BERNARD
9337 N.W. 2ND COURT
MIAMI FL 33150

10. Name and Address of New Registered Agent
81 Name: *Massac, Max E.*
82 Street Address (P.O. Box Number is Not Acceptable): *1635 NW 130 Street*
83 *Miami, Fla*
84 City: **FL** 85 Zip Code: **33150**

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

12. OFFICERS AND DIRECTORS		DELETED
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	CESAR, LINDA	
STREET ADDRESS	481 BANKS ROAD #6	
CITY-ST-ZIP	MARGATE FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	GASPARD, ALEX, HENRY	
STREET ADDRESS	11741 NE 14 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	GAUTHIER, MARC A	
STREET ADDRESS	5815 SW 146 CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MASSAC, MAX E.	
STREET ADDRESS	1635 NW 130 STREET	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	ETHEART, BERNARD	
STREET ADDRESS	9337 NW 2ND COURT	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	INNOCENT, JESSY	
STREET ADDRESS	481 BANKS ROAD #6	
CITY-ST-ZIP	MARGATE FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11 TITLE	D	<input checked="" type="checkbox"/>	<input type="checkbox"/>
12 NAME	Ronald Bertrand		
13 STREET ADDRESS	1805 Sans-Souci Blvd # 132		
14 CITY-ST-ZIP	Miami FL 33181		
21 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
22 NAME	Dore-stant, Noe, J.	<input checked="" type="checkbox"/>	<input type="checkbox"/>
23 STREET ADDRESS	14640 NW 15 Ave		
24 CITY-ST-ZIP	Miami FL 33137		
41 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
42 NAME	YVES PIERRE	<input checked="" type="checkbox"/>	<input type="checkbox"/>
43 STREET ADDRESS	8625 Longacre Dr.		
44 CITY-ST-ZIP	Miami FL 33025		
51 TITLE	D	<input type="checkbox"/>	<input type="checkbox"/>
52 NAME	Romain Preat	<input checked="" type="checkbox"/>	<input type="checkbox"/>
53 STREET ADDRESS	18311 NW 2nd Ct		
54 CITY-ST-ZIP	Miami FL 33169		

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)(f), 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 in an attachment with an address.

SIGNATURE: *Jessy Innocent* (SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) DATE: **3-8-96** DAYTIME PHONE #: **756-3800**

CR2E037 (12/95)