

FILE NOW: FILING FEE IS \$61.25

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Jun 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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 33269-0072
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3. Date Incorporated or Qualified 08/02/1989	3a. Date of Last Report 03/19/1996
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2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Zip 29	Country 30

4. FEI Number 65-0198172	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MASSAC, MAX E.
1635 W. 130 STREET
MIAMI FL 33150**

10. Name and Address of New Registered Agent

81 Name Bernard ETHEART
82 Street Address (P.O. Box Number is Not Acceptable) 210 174 st #1406
83
84 City North Miami Beach
85 Zip Code FL 33160

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 *Bernard ETHEART* **BERNARD ETHEART** DATE **4/26/97**

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 D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE Director / Chairman	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME BERTRAND, RONALD		1.2 NAME Bernard Etheart Jr.	
STREET ADDRESS 1805 SAN-SOUCI BLVD #132		1.3 STREET ADDRESS 210 174 st #1406	
CITY-ST-ZIP MIAMI FL		1.4 CITY-ST-ZIP N. Miami Beach FL 33160	
TITLE D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE Director General P.A.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME GASPARD, ALEX, HENRY		2.2 NAME SERGE PETITHOMME	
STREET ADDRESS 11741 NE 14 AVE		2.3 STREET ADDRESS 7840 Embassy Blvd	
CITY-ST-ZIP MIAMI FL		2.4 CITY-ST-ZIP MIRAMAR, FL	
TITLE D	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME DORESTANT, NOE J.		3.2 NAME	
STREET ADDRESS 14640 NW 15 AVENUE		3.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		3.4 CITY-ST-ZIP	
TITLE D	<input checked="" type="checkbox"/> DELETE	4.1 TITLE Director / Treasurer	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MASSAC, MAX E.		4.2 NAME Max E. Massac, P.E.	
STREET ADDRESS 1635 NW 130 STREET		4.3 STREET ADDRESS 17501 NW 49 Ave.	
CITY-ST-ZIP N. MIAMI FL		4.4 CITY-ST-ZIP Carol City, FL 33055	
TITLE D	<input checked="" type="checkbox"/> DELETE	5.1 TITLE Director / General Member	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME PIERRE, YVES		5.2 NAME GUY LACOMBE, Jr.	
STREET ADDRESS 8625 LONGACRE DRIVE		5.3 STREET ADDRESS 14941 SW 139 AVE	
CITY-ST-ZIP MIRAMAR F		5.4 CITY-ST-ZIP MIAMI, FL 33186	
TITLE D	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME PREAL, ROMAIN		6.2 NAME	
STREET ADDRESS 18311 NW 2ND COURT		6.3 STREET ADDRESS	
CITY-ST-ZIP MIAMI FL		6.4 CITY-ST-ZIP	

14. I do 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.

CR2E037 (9/96)