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Feb 24 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998

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



DOCUMENT # N33543 (2) NC 11-21-97

1. Corporation Name  
THE HAITIAN AMERICAN ENGINEERING SOCIETY INC.  
HAITIAN-AMERICAN ASSOCIATION OF ENGINEERS AND SCIENTISTS, INC.



Principal Place of Business Mailing Address

PO BOX 693072 MIAMI FL 33269-9998 PO BOX 693072 MIAMI FL 33269-9998

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

3. Date Incorporated or Qualified  
08/02/1989

4. FEI Number Applied For  
65-0198172 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

7. Is this nonprofit corporation a homeowners association?  Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent

BERNARD ETHEART  
210 174TH ST  
#1406  
NORTH MIAMI BEACH FL 33180

10. Name and Address of New Registered Agent

81 Name NOE DORESTANT

82 Street Address (P.O. Box Number is Not Acceptable)

83 14640 NW 15 DRIVE

84 City MIAMI FL 85 Zip Code 33167

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 *Noe Dorestant* NOE DORESTANT DATE 2/13/98

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	DC	<input checked="" type="checkbox"/> DELETE
NAME	BERNARD ETHEART	
STREET ADDRESS	210 174TH ST #1406	
CITY-ST-ZIP	N. MIAMI BEACH FL	
TITLE	DGPR	<input checked="" type="checkbox"/> DELETE
NAME	SERGE PETITHOMME	
STREET ADDRESS	7240 EMBASSY BLVD	
CITY-ST-ZIP	MIRAMAR FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DORESTANT, NOE J.	
STREET ADDRESS	14640 NW 15 AVENUE	
CITY-ST-ZIP	MIAMI FL	
TITLE	DT	<input checked="" type="checkbox"/> DELETE
NAME	MAX E MASSAC PE	
STREET ADDRESS	17501 NW 49 AVE	
CITY-ST-ZIP	CAROL CITY FL	
TITLE	DG	<input checked="" type="checkbox"/> DELETE
NAME	GUY LACOMBE, JR.	
STREET ADDRESS	14941 SW 139 AVE	
CITY-ST-ZIP	MIAMI FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PREAL, ROMAIN	
STREET ADDRESS	18311 NW 2ND COURT	
CITY-ST-ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	C/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	NOE DORESTANT	
1.3 STREET ADDRESS	14640 NW 15 DRIVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33167	
2.1 TITLE	V/S/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROMAIN PREAL	
2.3 STREET ADDRESS	18311 NW 2ND COURT	
2.4 CITY-ST-ZIP	MIAMI, FL 33169	
3.1 TITLE	T/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	MAX E MASSAC PE	
3.3 STREET ADDRESS	17501 NW 49TH AVE	
3.4 CITY-ST-ZIP	MIAMI - FL - 33055	
4.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	IRVING ELIZE	
4.3 STREET ADDRESS	1040 NE 85TH STREET	
4.4 CITY-ST-ZIP	MIAMI, FL 33138	
5.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	SYLVAN JOLI BOIS	
5.3 STREET ADDRESS	FTU DEPT EAS 3755 1055 WEST FLAGLER STR.	
5.4 CITY-ST-ZIP	MIAMI, FL 33199	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	RONALD COLAS	
6.3 STREET ADDRESS	4100 NE 2ND AVE	
6.4 CITY-ST-ZIP	MIAMI, FL 33137	

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.

SIGNATURE: *Noe Dorestant* NOE DORESTANT DATE 2/13/98 305-685-7687

CR2E037 (10/97)