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Feb 23, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N33543

1. Corporation Name

HAITIAN-AMERICAN ASSOCIATION OF ENGINEERS AND SCIENTISTS, INC.

Principal Place of Business

PO BOX 693072
 MIAMI FL 33269-9998

Mailing Address

PO BOX 693072
 MIAMI FL 33269-9998

104513-90111-21



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified
21	26	08/02/1989
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number
22	27	65-0198172
City & State	City & State	Applied For
23	28	Not Applicable
Zip	Country	5. Certificate of Status Desired
24	25	<input type="checkbox"/> \$8.75 Additional Fee Required
	29	6. Election Campaign Financing
	30	<input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

DORESTANT, NOE
14640 NW 15 DRIVE
MIAMI FL 33167

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 _____ DATE _____
 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	D (PUBLIC RELATION) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ELIZE, IRVING	1.2 NAME	ELIZEE, IRVING
STREET ADDRESS	1040 NE 85TH STREET	1.3 STREET ADDRESS	1040 NE 85TH STREET
CITY-ST-ZIP	MIAMI FL 33138	1.4 CITY-ST-ZIP	MIAMI, FL 33138
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	V (Vice Chairman) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOLIBOIS, SYLVAN	2.2 NAME	JOLIBOIS, SYLVAN
STREET ADDRESS	FIU DEPT EAS 3755 1055 WEST FLAGLER STREET	2.3 STREET ADDRESS	FIU DEPT EAS 3755 1055 WEST FLAGLER STREET
CITY-ST-ZIP	MIAMI FL 33199	2.4 CITY-ST-ZIP	MIAMI, FL 33199
TITLE	CD <input type="checkbox"/> DELETE	3.1 TITLE	
NAME	DORESTANT, NOE	3.2 NAME	
STREET ADDRESS	14640 NW 15 AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33167	3.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	4.1 TITLE	
NAME	MAX E MASSAC PE	4.2 NAME	
STREET ADDRESS	17501 NW 49 AVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33055	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	D (Secretary) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COLAS PE, RONALD	5.2 NAME	MARC ANTOINE LEVEILLE
STREET ADDRESS	4100 NE 2ND AVE	5.3 STREET ADDRESS	10025 SW 77 COURT
CITY-ST-ZIP	MIAMI FL 33137	5.4 CITY-ST-ZIP	MIAMI, FL 33156
TITLE	VSD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	D (Coordinator) <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PREAL, ROMAIN	6.2 NAME	PREAL, ROMAIN
STREET ADDRESS	18311 NW 2ND COURT	6.3 STREET ADDRESS	18311 NW 2nd Court
CITY-ST-ZIP	MIAMI FL 33169	6.4 CITY-ST-ZIP	MIAMI, FL 33169

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: _____ DATE: 4/8/99 DAYTIME PHONE: 305-685-7687

CR2E037 (11/98)