

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 # **NA5000000156**
1. Corporation Name
HAITIAN-American Center for Economic and Political Affairs (HACEPA), INC.

Principal Place of Business Mailing Address
1970 N-W. 180th Street **SAME**
Miami Florida 33056

3. Date Incorporated or Qualified **1-9-95** 3a. Date of Last Report **NONE**
4. FEI Number **65-0672400** 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

2. Principal Place of Business 2a. Mailing Address
21 **1970 N-W. 180th ST** 26 **SAME**
Suite, Apt #, etc. Suite, Apt #, etc.
22 City & State 27 City & State
23 **Miami Florida**
Zip Country Zip Country
24 **33056** 25 **U.S.** 29 30

9. Name and Address of Current Registered Agent
Jean-Claude P. Cantave
1970 N-W. 180th Street
Miami Florida 33056

10. Name and Address of New Registered Agent
81 Name **Jean-Claude P. Cantave**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1970 N-W. 180th Street**
84 City **Miami** FL 85 Zip Code **33168**

11. Pursuant to the provisions of Sections 617.0502 and 617.0503, 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 provisions of, Section 617.0503, Florida Statutes.

SIGNATURE *[Signature]* DATE **4-30-96**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT <input type="checkbox"/> DELETE	11 TITLE	Director <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean-Claude P. Cantave	12 NAME	Fayel Narchet
STREET ADDRESS	1970 N-W. 180th Street	13 STREET ADDRESS	7624 N-E. 2nd Ave
CITY-ST-ZIP	Miami Florida 33056	14 CITY-ST-ZIP	Miami Florida 33138
TITLE	VICE PRESIDENT <input type="checkbox"/> DELETE	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR Roland Jean-Louis	22 NAME	
STREET ADDRESS	13785 N-W. 5th Avenue	23 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33168	24 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean-Claude Destine	32 NAME	
STREET ADDRESS	345 N-W 101st Street	33 STREET ADDRESS	
CITY-ST-ZIP	Miami FL 33150	34 CITY-ST-ZIP	
TITLE	Treasurer <input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Joseph Herve Rejouis	42 NAME	
STREET ADDRESS	7839 N-Bay Shore DR #10	43 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33138	44 CITY-ST-ZIP	
TITLE	Director <input type="checkbox"/> DELETE	51 TITLE	300001924028 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DR ERNST Mirville	52 NAME	-08/16/96--01036--001
STREET ADDRESS	2020 W. ALCAZAR DR	53 STREET ADDRESS	***50.00
CITY-ST-ZIP	Miramar Florida 33023	54 CITY-ST-ZIP	
TITLE	Director <input checked="" type="checkbox"/> DELETE	61 TITLE	600001924026 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Georges Daniel	62 NAME	-08/16/96--01036--002
STREET ADDRESS	8377 N-E. 2nd Ave	63 STREET ADDRESS	***11.25
CITY-ST-ZIP	Miami Florida 33138	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 119.07(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 **4-30-96** DAYTIME PHONE **628-0005**

CR2E037 (12/95)