## **FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 30 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997
DOCUMENT #

N9500000156 (8)

HAITIAN-AMERICAN CENTER FOR ECONOMIC AND POLITIC AL AFFAIRS (HACEPA), INC.

Principal Plac	e of Business	Malling Address	Malling Address				S (CENTON DIR COLO. ELIN BRITT				
1970 N.W. 180TH ST. 1970 N.W. 180TH ST.											
MIAMI FL 3305		MIAMI FL 33056-3834									
1						3. Date Incorporat 01/09/19			e of Last Re 18/16/199		
1 '	lace of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	100		Ap	plied For	
21		26			65-0672400 Not Applicable						
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of St	atus Desired		\$8.75 A			
City & Stat	0	City & State			6. Election Campa	ian Financina	<u></u>	\$5.00	<del></del>		
23	-	28			Trust Fund Con			Added t			
Zip	Country	Zip	Coun	itry		8. This corporation	has liability for in	tangible t	ayunder s.	199.032.	
24	25	29 3	0			Florida Statutes Yes Yo					
Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
				81	Name						
CANTAVE, JEAN-CLAUDE P			ļį.	82 Street Address (P.O. Box Number is Not Acceptable)				e)			
	W. 180TH ST.		83								
MIAMI F	L 33056										
			ľ	B4	City			FL	85 Zip (	Code	
11. Pursuant	to the provisions of Sections 617.050	and 617.1508, Florida Statutes	the abo	076-	named corp	poration submits this st	atement for the p	urpose of	changing it	s registered	
agent. La	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida. Such change was au itions of, Section 617.0503, Flori	da Statu	ites.	ne corpora	tion's board of directors	в. т петеру ассер	тин афро	intrnent as	reðisiered	
SIGNATURE	Signature, typed or printed name of registered ager	t and little if annimable (AIOTE )	Panistana	Agent	signature regul	red when reinstating)		DATE			
12.	OFFICERS AND DIRECTORS			13.			NGES TO OFFIC		DIDECTOR	S IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE		1	FITECTOR		]	Change	Addition	
NAME	CANTAVE, JEAN-CLAUDE P		1.2 NAM		L	and Tr M	ondesim				
STREET ADDRESS	1970 NW 180TH ST		1.3 STRE		DOBESS 🚾	20 N.C. 13	13rd Stree	¥		-	
CITY-ST-ZIP	MIAMI FL 33056		1.4 CITY		ZIP	-miami	Florida <sup>c</sup>	3216			
TITLE	VP	☐ DELETE	21 TITLE				_		Change	☐ Addition	
NAME	JEAN-LOUIS, ROLAND DR.		2.2 NAA	ΜE							
STREET ADDRESS	13785 NW 5TH AVE		2.3 STR	EET A	DORESS					Ì	
CITY+ST-ZIP	MIAMI FL 33168			Y-ST	- ZIP						
TITLE	S	☐ DELETE	3.1 TITL	LE				l	Change	Addition	
NAME	DESTINE, JEAN-CLAUDE		3.2 NAME								
STREET ADDRESS	345 NW 101ST ST		3.3 STA							Ì	
CITY-S1-ZIP	MIAMI FL 33150	I FL 33150 34			- ZIP						
THLE	DT	DELETE	4.1 TITL	LE	}			i	Change	Addition	
NAME	REJOUIS, JOSEPH H		4 2 NA	ME	-					į	
STREET ADDRESS	7839 N BAYSHORE DR #10		4.3 STR	IEET A	DDRESS						
CITY-ST-ZIP	MIAMI FL 33138		4.4 City		ZIP						
TITLE	D	☐ DELETE	5.1 TITLE					1	Change	Addition	
NAME	MIRVILLE, ERNST		5.2 NAM		ļ					ļ	
STREET ADDRESS	2020 W ALCAZAR DR		5,3 STR	REET A	<b>D</b> DRESS	•					
CITY-ST-ZIP	MIRAMAR FL 33023		5.4 CIT		-ZIP				<del></del>	1 1 1 1 1 1 1 1 1	
TITLE	D <b>T</b>	☐ DELETE	6.1 Titl						Change	Addition	
NAME	NARCHET, FLAYEL		6.2 NA		-						
STREET ADDRESS	7624 N.E. 2ND AVE		6.3 STR	REET A	DDAESS						

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 find 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 empowereduo 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:

URE AND TYPED OF BRITTED NAME OF CHANGE CONTROL CONTRO