

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90148 004 ****61.25

NON-PROFIT CORPORATION
 ANNUAL REPORT
1999

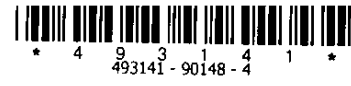


FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # N95000000156 (8)
 1. Corporation Name

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

Principal Place of Business Mailing Address
 625 N.E. 124th Street, Suite B
 North Miami Florida 33161



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
 01/09/1995

21	2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
	Suite, Apt. #, etc.	625 N.E. 124 St, Suite B	B 65-0672400	Not Applicable
22	City & State	City & State	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	North Miami	North Miami	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
23	Zip	Country	24	25
	33161		26	27
			28	29
			30	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
Jean-Claude P. Cantave 1970 N.W. 180th Street Miami Florida 33056		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL
			85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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	DP <input type="checkbox"/> DELETE	1.1 TITLE	D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Cantave, Jean-Claude P.	1.2 NAME	Marie Eveline Philogene
STREET ADDRESS	1970 N.W. 180th Street	1.3 STREET ADDRESS	12620 N.W. 12th Avenue
CITY-ST-ZIP	Miami Florida 33056	1.4 CITY-ST-ZIP	North Miami Florida 33168
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Jean-Louis, Roland DR.	2.2 NAME	
STREET ADDRESS	13785 N.W. 5th Avenue	2.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33168	2.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Destine, Jean-Claude	3.2 NAME	
STREET ADDRESS	345 N.W. 101st Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33150	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mondesir, Leon T.	4.2 NAME	
STREET ADDRESS	90 N.E. 54t Street	4.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33137	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Mirville, Ernst DR.	5.2 NAME	
STREET ADDRESS	5919 N.E. 2nd Avenue	5.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33137	5.4 CITY-ST-ZIP	
TITLE	DT <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Narchet, Flayel	6.2 NAME	
STREET ADDRESS	7624 N.E. 2nd Avenue	6.3 STREET ADDRESS	
CITY-ST-ZIP	Miami Florida 33138	6.4 CITY-ST-ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, in all other like empowered.

SIGNATURE: Jean-Claude P. Cantave H-24-99 (305) 899-7712
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 PRESIDENT

CR2E034 (1/198)