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Jan 22 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 # N96000002068 (2) 1. Corporation Name THE HAITIAN CORPORATION FOR MUSICAL DEVELOPMENT		



Principal Place of Business 12101 N.W. 21ST PL. MIAMI FL 33167	Mailing Address P.O. BOX 680696 MIAMI FL 33168 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country
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3. Date Incorporated or Qualified 04/15/1996	4. FEI Number 65-0669331	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	
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 STARR, GREGORY S 601 S ANDREWS AVE 2ND FL FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☒ Change ☐ Addition
NAME	JOSEPH, ANTIONE ROMEL	1.2 NAME	JOSEPH, Antoine Romel
STREET ADDRESS	11925 NE 2 AVE, B-205	1.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	☐ Change ☐ Addition
NAME	SAINTVILLE, NANCIE	2.2 NAME	
STREET ADDRESS	13180 NW 8 AVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	☐ Change ☐ Addition
NAME	AUGUSTIN, ONICKEL	3.2 NAME	
STREET ADDRESS	11925 NE 2 AVE, B216	3.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	☐ Change ☐ Addition
NAME	JOSEPH, SHERRY	4.2 NAME	
STREET ADDRESS	11925 NE 2 AVE, B205	4.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI FL	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	☐ Change ☐ Addition
NAME	MICHEL, ARCHANGE	5.2 NAME	
STREET ADDRESS	16020 NE 19 PL APT 2	5.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BCH FL	5.4 CITY-ST-ZIP	
TITLE	T	6.1 TITLE	☐ Change ☐ Addition
NAME	NACIER, MARIE EVELYNE	6.2 NAME	
STREET ADDRESS	4340 NW 168 TERR	6.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL	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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Sherry Joseph Sherry Joseph 1/9/98 (305) 891-3535
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 000000

CR2E037 (10/97)