FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1999**

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

FILED
Mar 17, 1999 8:00 am
Secretary of State
03-17-1999 90102 015 ****61.25

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1. Corporation Name

THE HAITIAN CORPORATION FOR MUSICAL DEVELOPMENT

Principal Place of Business	Mailing Address
12101 N.W. 21ST PL MIAMI FL 33167	P.O. BOX 680696 MIAMI FL 33168 US

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualifed 04/15/1996
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 65-0669331 ☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certifcate of Status Desired ☐ **$8.75** Additional Fee Required
Zip 24 Country 25	Zip 29 Country 30	6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

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	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	JOSEPH, ANTOINE ROMEL		1.2 NAME		
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	☒ DELETE	2.1 TITLE	Secretary	☒ Change ☐ Addition
NAME	SAINTVILLE, NANCIE		2.2 NAME	Mario Duperval	
STREET ADDRESS	13180 NW 8 AVE		2.3 STREET ADDRESS	13180 N.W. 8th Ave	
CITY-ST-ZIP	MIAMI FL		2.4 CITY-ST-ZIP	Miami, FL 33168	
TITLE	T	☒ DELETE	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	☐ DELETE	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	☐ DELETE	5.1 TITLE	Trustee	☒ Change ☐ Addition of address
NAME	MICHEL, ARCHANGE		5.2 NAME	Michel, Archange	
STREET ADDRESS	16020 NE 19 PL APT 2		5.3 STREET ADDRESS	1851 N. Glades Dr. #4	
CITY-ST-ZIP	N MIAMI BCH FL		5.4 CITY-ST-ZIP	N. Miami Beach, FL 33162	
TITLE	T	☐ DELETE	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		

CR2E037 (11/98)

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: A. Romel Joseph SIGNATURE REQUIRED A. Romel Joseph 3/15/99 (305) 899-0099
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #