


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 30 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N94000002394 (4)

1. Corporation Name

THE ASSOCIATION OF HAITIAN EDUCATORS OF DADE, IN
C.



Principal Place of Business

Mailing Address

~~74 NW 108 STREET~~
~~MIAMI FL 33138~~

~~74 NW 108 STREET~~
~~MIAMI FL 33138~~
8620 Miramar Blvd
Miramar, FL 33025

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

05/10/1994

4. FEI Number

65-0512234

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

~~METELLUS, GEPSIE M~~
~~74 NW 108 ST.~~
~~MIAMI FL 33100~~

10. Name and Address of New Registered Agent

81 Name

Jean Robert Bertrand

82 Street Address (P.O. Box Number is Not Acceptable)

8620 Miramar Boulevard

83 City

Miramar

84 State

FL

85 Zip Code

33025

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

Jean Robert Bertrand
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

9/5/98
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

PD
NAME BERTRAND, JEAN R
STREET ADDRESS 8620 MIRAMAR BLVD
CITY-ST-ZIP MIRAMAR FL

TITLE ☒ DELETE

TD
NAME HOLLY, SERGE
STREET ADDRESS 125 N.W. 89 ST.
CITY-ST-ZIP MIAMI FL 33150

TITLE ☒ DELETE

SD
NAME DESHOMMES, MARIE LOURDES
STREET ADDRESS 12105 S.W. 189 TER.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

VPD
NAME VERDIER, GHISLAINE
STREET ADDRESS 3458 CLUSTER ROAD
CITY-ST-ZIP MIRAMAR FL

TITLE ☐ DELETE

T
NAME METELLUS, GEPSIE M
STREET ADDRESS 74 NW 108ST
CITY-ST-ZIP MIAMI SHORES FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME Secretary
1.3 STREET ADDRESS Marie Loiseau
1.4 CITY-ST-ZIP 3033W Missionwood Cir South SD
Miramar, FL 33025

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME Raphael Hermann Henri
2.3 STREET ADDRESS Treasurer
2.4 CITY-ST-ZIP 1251 NE 209 Terr TD
NMB FL 33179

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME Yves Polynice Secretary
3.3 STREET ADDRESS 6424 NW 200 ST SD
3.4 CITY-ST-ZIP Miami, FL 33015

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME 6000002652726
5.3 STREET ADDRESS -09/30/98--01077--022
5.4 CITY-ST-ZIP ***70.00

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME
6.3 STREET ADDRESS
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:

Jean Robert Bertrand
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

8/13/98

305-891-5611

Date Daytime Phone #

CR2E037 (5/98)