

**2017 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N05000001198

**FILED**  
**Apr 28, 2017**  
**Secretary of State**  
**CC3505101725**

**Entity Name:** HAITIAN AMERICAN CHAMBER OF COMMERCE OF FLORIDA, INC.

**Current Principal Place of Business:**

1125 NE 125TH STREET #208  
NORTH MIAMI, FL 33161

**Current Mailing Address:**

1125 NE 125TH STREET # 208  
NORTH MIAMI, FL 33161 US

**FEI Number:** 20-2373322

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

PIERRE, PAOLA  
8588 NW 1ST LANE  
MIAMI, FL 33126 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:**

\_\_\_\_\_  
Electronic Signature of Registered Agent

\_\_\_\_\_  
Date

**Officer/Director Detail :**

Title PC  
Name SALIBA, PIERRE  
Address 18659 SW 12 STREET  
City-State-Zip: PEMBROKE PINES FL 33029

Title CHAIRMAN  
Name LOZAMA, JEFF  
Address 3333 NW 168 STREET  
City-State-Zip: MIAMI GARDENS FL 33015

Title DIRECTOR  
Name JOSEPH, DELLEPECHE  
Address 255 ALHAMBRA CIRCLE, 2ND FLOOR,  
City-State-Zip: CORAL GABLES FL 33134

Title SEC  
Name MARTIN, PATRICK F  
Address ONE BISCAYNE TOWER, 2 SOUTH BISCAYNE BOULEVARD SUITE 1500  
City-State-Zip: MIAMI FL 33131

Title TREASURER  
Name PIERRE, PAOLA  
Address 8588 NW 1ST LANE  
City-State-Zip: MIAMI FL 33126

Title VC  
Name ST JEAN, DONARD  
Address 1140 NE 163RD STREET STE 21-23  
City-State-Zip: NORTH MIAMI BEACH FL 33162

Title DIRECTOR  
Name GUILLAUME, FRANCOIS II  
Address 11250 NE 125TH STREET # 208  
City-State-Zip: MIAMI FL 33161

Title DIRECTOR  
Name BONY, HERVE  
Address 15251 NE 18 AVE #10  
City-State-Zip: NORTH MIAMI BEACH FL 33162

**Continues on page 2**

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 above, or on an attachment with all other like empowered.*

**SIGNATURE:** PAOLA PIERRE

**REGISTERED AGENT**

**04/28/2017**

\_\_\_\_\_  
Electronic Signature of Signing Officer/Director Detail

\_\_\_\_\_  
Date

**Officer/Director Detail Continued :**

Title DIRECTOR  
Name SALVANT, CARL HENRY  
Address 11011 SHERIDAN STREET #313  
City-State-Zip: COOPER CITY FL 33026

Title DIRECTOR  
Name ELYSEE, PATRICIA  
Address 1110 BRICKEL AVE  
315  
City-State-Zip: MIAMI FL 33131

Title EXECUTIVE DIRECTOR  
Name MILORD, JOANN  
Address 1125 NE 125 STREET  
208  
City-State-Zip: NORTH MIAMI FL 33161

Title DIRECTOR  
Name LUMANA, JOSEPH  
Address 804 NE 125 STREET  
City-State-Zip: NORTH MIAMI FL 33161