

2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N13000005638

FILED
Aug 10, 2016
Secretary of State
CC8596563387

Entity Name: AIGLE SOURCE DE DELIVRANCE, INC.

Current Principal Place of Business:

7140 NORTH MIAMI AVE
MIAMI, FL 33150

Current Mailing Address:

7140 NORTH MIAMI AVE
MIAMI, FL 33150 US

FEI Number: 46-3274910

Certificate of Status Desired: No

Name and Address of Current Registered Agent:

FLEURENE, EMANE
7140 NORTH MIAMI AVE
MIAMI, FL 33150 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: EMANE FLEURENE

08/10/2016

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title PCHR
Name DESCIEUX, PIERRE L
Address 1900 SW 82 TER
City-State-Zip: NORTH LAUDERDALE FL 33068

Title PRESIDENT
Name CINE, EDDY
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title VP
Name MEZIDOR, ROSE DANIE
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title TREASURER
Name LOUIS CHARLES, EVENEL
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title SECRETARY
Name CINE, ALINE
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title PUBLIC RELATIONS
Name DERIZIER, ERNST
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title DIRECTOR
Name JEROME, SERGE DR.
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

Title DIRECTOR
Name TRICHER, WILBERT
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150

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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: PIERRE DESCIEUX

CHAIR

08/10/2016

Electronic Signature of Signing Officer/Director Detail

Date

Officer/Director Detail Continued :

Title DIRECTOR
Name FLEURENE, EMANE
Address 7140 NORTH MIAMI AVE
City-State-Zip: MIAMI FL 33150