

**2016 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N14000008317

**Entity Name:** HAITELMEX FOUNDATION, INC.

**FILED**  
**Apr 13, 2016**  
**Secretary of State**  
**CC8735286334**

**Current Principal Place of Business:**

1322 NE 4TH AVE  
SUITE B  
FORT LAUDERDALE, FL 33304

**Current Mailing Address:**

857 MOTEL ST E  
LEHIGH ACRES, FL 33974, FL 33974 US

**FEI Number: 46-5173508**

**Certificate of Status Desired: No**

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

AUGUSTE, ANOUSE  
857 MOTEL ST E  
LEHIGH ACRES, FL 33974, FL 33974 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 P  
Name ESTIME, PATRICK  
Address 1322 NE 4TH AVE  
SUITE B  
City-State-Zip: FORT LAUDERDALE FL 33304

Title VPS  
Name AUGUSTE, ANOUSE  
Address 1322 NE 4TH AVE  
SUITE B  
City-State-Zip: FORT LAUDERDALE FL 33304

Title T  
Name ERNST, CAJUSTE SR.  
Address 1322 NE 4TH AVE  
SUITE B  
City-State-Zip: FORT LAUDERDALE FL 33304

Title MARKETING INTERNATIONAL  
Name VENITE, ROSENIE STEME  
Address 1322 NE 4TH AVE  
SUITE B  
City-State-Zip: FORT LAUDERDALE FL 33304

Title EXECUTIVE SECRETARY  
Name MOLIERE, PIERRE SR.  
Address 1322 NE 4TH AVE  
SUITE B  
City-State-Zip: FORT LAUDERDALE FL 33304

Title CORRESPONDING SECRETARY  
Name THENE, BENSON  
Address ST PATRICK & P FRIDO DELMAS 33  
PROLONGEE  
04  
City-State-Zip: PAP /HAITI DELMAS 33/ST PATRICK  
00509

Title PRESIDENT  
Name PATRICK, ESTIME SR.  
Address ENTRE MELCHOR PEREZ DE SOTO  
EFUERZO  
22 LT265  
City-State-Zip: TLALPAN, D.F. MIGUEL HIDALGO  
14250

*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: PATRICK ESTIME**

**PRESIDENT**

**04/13/2016**

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

\_\_\_\_\_  
Date