

**2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N20000008216

**FILED**  
**May 01, 2024**  
**Secretary of State**  
**7970385922CC**

**Entity Name:** ASSOCIATION POUR LE DEVELOPPEMENT DE MODELE ( ADEM ) INC.

**Current Principal Place of Business:**

4938 DONOVAN STREET  
ORLANDO, FL 32808

**Current Mailing Address:**

4938 DONOVAN STREET  
ORLANDO, FL 32808

**FEI Number: 85-1648210**

**Certificate of Status Desired: Yes**

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

CELESTIN, JOEL CEO  
4938 DONOVAN STREET  
ORLANDO, FL 32808 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            PRESIDENT  
Name            CELESTIN, JOEL P  
Address        4938 DONOVAN STREET  
City-State-Zip: ORLANDO FL 32808

Title            CEO/, CFO  
Name            PAUL, GERTRUDE T  
Address        12344 HOLLY JANE COURT  
City-State-Zip: ORLANDO FL 32824

Title            SECRETARY  
Name            ODIGE, FRESNEL S  
Address        12440 AVENUE RENE - MASSON  
City-State-Zip: ORLANDO FL 32824

Title            VP  
Name            ALTIDOR, MOISE VP  
Address        2931 31 ST AVENUE  
City-State-Zip: EAST BRADENTON FL 34208

Title            CONSEILLER  
Name            ZEPHIRIN, BRUNEL C  
Address        561 EAST RIGGE CIRCLE  
City-State-Zip: N BOYTON BEACH FL 33435

*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: GERTRUDE PAUL**

**CEO /OWNER**

**05/01/2024**

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

\_\_\_\_\_  
Date