

FILE NOW: FILING FEE IS \$61.25

**NONPROFIT
CORPORATION
ANNUAL REPORT
1996**



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 731816 (5)

1. Corporation Name

HAITIAN AMERICAN COMMUNITY ASSOCIATION OF DADE COUNTY (HACAD), INC.

Principal Place of Business

**8037 N.E. 2ND AVE.
MIAMI FLORIDA 33138**

Mailing Address

**8037 N.E. 2ND AVE.
MIAMI FLORIDA 33138**



3. Date Incorporated or Qualified

02/07/1975

3a. Date of Last Report

05/19/1995

2. Principal Place of Business

2a. Mailing Address

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26

4. FEI Number

59-1689002

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

☐

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

☐ Yes ☐ No

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LACROIX, LOUIS H
8037 NE 2ND AVE
MIAMI FL 33138**

81 Name

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

83

84 City

FL

85 Zip Code

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 **Louis H. Lacroix/Executive Director**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when running high)

DATE

3-1-96

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE ☐ DELETE

NAME **CD
ALCINDOR, PIERRE M**
STREET ADDRESS **6400 BISCAYNE BLVD, 2ND FLOOR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **SD
METELLUS, GERARD**
STREET ADDRESS **74 NW 108 STR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **TD
ST. PREUX, LUDNEL**
STREET ADDRESS **1820 NE 142 STR #5M**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **VD
LIMAGE, JEAN-HAROLD**
STREET ADDRESS **150 NW 79 STR**
CITY-ST-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. 1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

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

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **Pierre M. Alcindor/President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-1-96

Date

Daytime Phone #

CR2E037 (12/95)