

FILE NOW: FILING FEE IS \$61.25

FILED  
May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731816** (5)

1. Corporation Name

**HAITIAN AMERICAN COMMUNITY ASSOCIATION OF DADE C  
OUNTY (HACAD), INC.**



Principal Place of Business <b>8037 N.E. 2ND AVE. MIAMI FLORIDA 33138</b>	Mailing Address <b>8037 N.E. 2ND AVE. MIAMI FLORIDA 33138</b>
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3. Date Incorporated or Qualified <b>02/07/1975</b>	
4. FEI Number <b>59-1689002</b>	Applied For <input type="checkbox"/> Not Applicable

2. Principal Place of Business <b>21</b> Suite, Apt. #, etc. <b>22</b> City & State <b>23</b> Zip <b>24</b> Country	2a. Mailing Address <b>26</b> Suite, Apt. #, etc. <b>27</b> City & State <b>28</b> Zip <b>29</b> Country
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5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent <b>LACROIX, LOUIS H 8037 NE 2ND AVE MIAMI FL 33138</b>
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10. Name and Address of New Registered Agent <b>81</b> Name <b>82</b> Street Address (P.O. Box Number is Not Acceptable) <b>83</b> <b>84</b> City <b>FL</b> <b>85</b> Zip Code
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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** 7 Executive Director **4/27/98**

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE <b>CD</b> <input type="checkbox"/> DELETE NAME <b>ALCINDOR, PIERRE M</b> STREET ADDRESS <b>8400 BISCAYNE BLVD, 2ND FLOOR</b> CITY-ST-ZIP <b>MIAMI FL</b>	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
TITLE <b>SD</b> <input type="checkbox"/> DELETE NAME <b>METELLUS, GERARD</b> STREET ADDRESS <b>74 NW 108 STR</b> CITY-ST-ZIP <b>MIAMI FL</b>	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <b>TD</b> <input type="checkbox"/> DELETE NAME <b>ST. PREUX, LUDNEL</b> STREET ADDRESS <b>1820 NE 142 STR #5M</b> CITY-ST-ZIP <b>MIAMI FL</b>	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
TITLE <b>VD</b> <input type="checkbox"/> DELETE NAME <b>LMAGE, JEAN-HAROLD</b> STREET ADDRESS <b>150 NW 79 STR</b> CITY-ST-ZIP <b>MIAMI FL</b>	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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**

4/27/98

CR2E037 (10/97)