

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 09, 1999 8:00 am
Secretary of State

06-09-1999 90025 033 ****61.25

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DOCUMENT # 731816

1. Corporation Name

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

Principal Place of Business

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

Mailing Address

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



2. Principal Place of Business

21 100 NE 84 St

Suite, Apt. #, etc.

22 Suite 101

City & State

23 Miami, Florida

Zip

24 33138

Country

25 USA

2a. Mailing Address

Suite, Apt. #, etc.

City & State

Zip

29

Country

30

3. Date Incorporated or Qualified

02/07/1975

4. FEI Number

59-1689002

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution ☐

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

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
100 NE 84 St, Suite 101

83

84 City Miami

FL

85 Zip Code
33138

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

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

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

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

TITLE **VD** ☒ DELETE
NAME **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. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **CD** ☐ Change ☒ Addition
1.2 NAME **Delmont, Eddy**
1.3 STREET ADDRESS **20201 NE 10 Pl**
1.4 CITY-ST-ZIP **Miami, FL 33179**

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE **TD** ☐ Change ☒ Addition
3.2 NAME **Menard, Tilaine**
3.3 STREET ADDRESS **1140 NE 163 St #25**
3.4 CITY-ST-ZIP **Miami, FL 33162**

4.1 TITLE **VD** ☐ Change ☒ Addition
4.2 NAME **Tondreau, Lucie**
4.3 STREET ADDRESS **20201 NE 10 Pl**
4.4 CITY-ST-ZIP **Miami, FL 33179**

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 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 my address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)