

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Apr 28 1997 8:00am
Secretary of State

DOCUMENT # J36773

(6)

1. Corporation Name

HAITIAN ART COLLECTION, INC.



Principal Place of Business

1676 N FEDERAL HWY
BOCA RATON FL 33432
US

16 SE 5TH AVE
DELRAY BEACH, FL 33483

Mailing Address

1676 N FEDERAL HWY
BOCA RATON FL 33432-4930
US

16 SE 5TH AVE
DELRAY BEACH, FL 33483

2. Principal Place of Business

21 16 SE 5TH AVE

Suite, Apt. #, etc.

22

City & State

23 DELRAY BEACH FL

Zip

24 33483

Country

25

2a. Mailing Address

26 16 SE 5TH AVE

Suite, Apt. #, etc.

27

City & State

28 DELRAY BEACH, FL

Zip

29 33483

Country

30

3. Date Incorporated or Qualified

10/08/1986

3a. Date of Last Report

08/05/1996

4. FEI Number

65-0094731

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

9. Name and Address of Current Registered Agent

BARR, KATHLEEN C
1676 N FEDERAL HIGHWAY
BOCA RATON FL 33432

16 SE 5TH AVE
DELRAY BEACH, FL

33483

10. Name and Address of New Registered Agent

81 Name

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

16 SE 5TH AVE

83

DELRAY BEACH, FL

84

City

FL

85 Zip Code

33483

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, 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

NAME
STREET ADDRESS
CITY - ST - ZIP
PTD
BARR, KATHLEEN C
1676 N FEDERAL HWY
BOCA RATON FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

16 SE 5 AVE
DELRAY BEACH, FL 33483

☒ Change

☐ Addition

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE

Kathleen C. Barr

4/28/97 5:16:21 PM

CR2E034 (9/96)