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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N04000003383

1. Corporation Name

IE MAITIANI AMEDICANI CITIZEN CI LIR. INC

| INE NAI | HAN AMERICAN CITIZEN CL | OD, INC. | | | | | |
|---|--|------------------------------------|---------------------------------------|--|--|---|-----------------------------|
| Principal Place of Business Mailing Address | | | · · · · · · · · · · · · · · · · · · · | | | | |
| 436C N 77H ST. POST OFFICE BOX 2898 | | | | | · | | |
| FORT PIERCE FL 34950 FORT PIERCE FL 34954 | | | | | | | |
| US | | | | | DO NOT WRITE | IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | • |
| **** | | | | | 11/13/1995 4. FEI Number | | |
| 2. Principal Place of Business 2a. Mailing Address | | | | | | 1 | Applied For |
| 26 Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | 59-3361836 | | Not Applicable Additional |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27 | | <u> </u> | | | 5. Certificate of Status Desired | | Required |
| City & State | | City & State | | 6. Election Campaign Financing Trust Fund Contribution | | May Be . ito Fees | |
| Zip | Country | Zip | Country | | 8. This corporation owes the current | | |
| 24 | 25 29 30 | | ¬ ´ | | Personal Property Tax. | ☐ Yes | □No |
| 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent | | | | | | | |
| 81 Name | | | | | | | |
| MCKINNON, MICHAEL L JR. ESQ | | | | Street A | Address (P.O. Box Number is Not Acceptable | <u>,, </u> | |
| 415 AVENUE A, SUITE 206 | | | 82 | | | | |
| FORT PIERCE FL 34950 | | | 83 | | | | |
| | | | 84 | City | | FL 85 Zip | Code |
| | | | | | | | |
| 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. | | | | | | | |
| agent. I ar | n familiar with, and accept the obligation | ns of, Section 607.0505, Florida | s Statutes. | | / | | |
| SIGNATURE | Signature, typed or printed name of registered agent a | and title if annilicable (NOTÉ: Re | gratered Agent | signature re | equired when reinstating) | DATE | |
| 12. | OFFICERS AND DIRECTORS | | | | / ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECT | ORS IN 12 |
| TITLE | Р | ⊠ DELETE | 1.1 TITLE | $ \top$ | PP | ☐ Change | e ☐ Addition |
| NAME | ALCIDOR, SUDE | | 1.2 NAME | · | Lajeune, Beausejour | | |
| STREET ADDRESS | 1905 GEORGIA AVE., APT. 5 | | 1.3 STREET ADDRESS 201 | | 201 North 8th Street | | j |
| CITY-ST-ZIP | FT PIERCE FL | | 1.4 CITY-ST- | ZiP | Fort Pierce Florida 349 | | |
| TITLE | VP · | ☐ DELETE | 2.1 TITLE | | VP | Change | e |
| NAME | BEAUSEJOUR, LAJEUNNE 201 N. 8TH ST | | 2.2 NAME G 2.3 STREET ADDRESS | | Georges, Lyman 300 South 18th Street | | |
| STREET ADDRESS | | | | | | | |
| CITY-ST-ZIP | FT PIERCE FL 34950 | | 2. 4 CITY-ST-ZIP | | Fort Pierce Florida 34 | 950 | |
| TITLE | S | | 3.1 TITLE | | $\hat{\mathbf{s}}$ | ☐ Change | Addition |
| NAME | VALSAINT, LANAISE | | 3.2 NAME | | Germain Louis | | |
| STREET ADDRESS | 162 S.W. DALVA AVE. | | 3.3 STREET | ADDRESS | 5451 NW Manville Drive | 2/002 | 1 |
| CITY-ST-ZIP | FT PIERCE FL | | 3.4. CITY-ST | -ZIP | Port St. Lucie Florida | | n f ^m l Addition |
| TITLE | 1 | ☐ DELETE | 4.1 TITLE | 1 | ^T Jacques, Pierre | Change | a [] Addition |
| NAME | PIERRE, JACQUE S | | 4. 2 NAME | ļ | 2617 Oleander Ave. | | |
| STREET ADDRESS | 2617 OLEANDER AVE | | 4.3 STREET | | Fort Pierce Florida 3 | 4982 | |
| CITY-ST-ZIP | FT PIERCE FL 34950 | | 4.4 CITY-ST | ZIP | | Change | e |
| TITLE | PR | ☐ DELETE | 5.1 TITLE 5.2 NAME | | PR | | a Modifion |
| NAME] | JEAN, EDMOND | | | 40000000 | Jean, Edmond | | |
| STREET ADDRESS | 512 N. 6TH ST. | | 5.3 STREET | | 512 North 6th Street | | |
| CITY-ST-71P | FT PIFRCF FI | | 5.4 CITY-ST | -ZIP | Fort Pierce Florida 349 | 150 | |

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

FT PIERCE FL

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Daytime Phone #

☐ Change

Addition