

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  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90147 040 \*\*\*\*61.25

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DOCUMENT # N18384

1. Corporation Name

CENTRE COMMUNAUTAIRE HAITIENNE D'EDUCATION ET DE  
DEVELOPPEMENT INC.

Principal Place of Business

8340 NE 2ND AVE  
STE 201  
MIAMI FL 33138  
US

Mailing Address

8340 NE 2ND AVE  
STE 201  
MIAMI FL 33138  
US



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29

30

3. Date Incorporated or Qualified

12/22/1986

4. FEI Number

65-0131211

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

GUERRIER, BERONEL  
88 NW 85 ST.  
MIAMI FL 33150

10. Name and Address of New Registered Agent

81 Name

Guerrier, Beronel

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

88 NW 85 Street

83

Miami, FL

84 City

FL

85 Zip Code

33150

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

*Beronel Guerrier*

GUERRIER, BERONEL

4/26/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME GUERRIER, BERONEL  
STREET ADDRESS 88 NW 85 ST.  
CITY-ST-ZIP MIAMI FL 33150

☐ DELETE

TITLE DV  
NAME BELAIR, JEAN  
STREET ADDRESS 133 N.E. 54 STREET  
CITY-ST-ZIP MIAMI FL 33137

☐ DELETE

TITLE D  
NAME BAZIN, FRITZ  
STREET ADDRESS 6700 N MIAMI AVE.  
CITY-ST-ZIP MIAMI FL 33150

☐ DELETE

TITLE ST  
NAME BERIZAIRE, ANICK  
STREET ADDRESS 1240 NW 126 ST.  
CITY-ST-ZIP MIAMI FL 33167

☐ DELETE

TITLE D  
NAME DOMOND, FRANCISCOT  
STREET ADDRESS 561 NE 79 ST.  
CITY-ST-ZIP MIAMI FL 33138

☐ DELETE

TITLE VP  
NAME WILKES, C.H. R.  
STREET ADDRESS 400 N.W. 5TH AVE.  
CITY-ST-ZIP MIAMI FL

☐ 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

☐ 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 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, with all other like empowered.

SIGNATURE:

*Beronel Guerrier*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/26/99 33150

CR2E037 (11/98)