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FILED

Mar 10 1997 8:00am  
Secretary of State

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # N36722 (9)

1. Corporation Name

HAITIAN AMERICAN FOUNDATION, INC.



Principal Place of Business

8340 NE 2ND AVE.  
SUITE 103  
MIAMI FL 33138

Mailing Address

8340 NE 2ND AVE.  
SUITE 103  
MIAMI FL 33138-3807

3. Date Incorporated or Qualified  
02/12/1990

3a. Date of Last Report  
04/15/1996

2. Principal Place of Business

21 8380 NE 2nd Ave

2a. Mailing Address

26 8380 NE 2nd Ave

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 MIAMI, FL

Zip

24 33138

Country

25 U.S.A

City & State

28 MIAMI, FL

Zip

29 33138

Country

30 U.S.A

4. FEI Number  
65-0187599

Applied For  
Not Applicable

5. Certificate of Status Desired

☒ New

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$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

COLETTE HALL  
8340 NE 2ND AVE.  
SUITE 103  
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name

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

83 8380 N.E 2nd Ave

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 reinstalling)

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE  
NAME CASTHELY, FRANKLIN  
STREET ADDRESS 8340 NE 2ND AVE, STE 103  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME SENATUS, PIERRE C  
STREET ADDRESS 8340 NE 2ND AVE, STE 103  
CITY-ST-ZIP MIAMI FL

TITLE T ☐ DELETE  
NAME VELEZ, PAUL  
STREET ADDRESS 3801 FEDERAL HIGHWAY  
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE  
NAME LABOSSIERE JULES  
STREET ADDRESS 8340 NE 2ND AVE.  
CITY-ST-ZIP MIAMI FL 33138

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 ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

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

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report as an attachment with an address.

SIGNATURE: x

FRANKLIN CASTHELY

3/3/97

(305) 756-7602

CR2E037 (9/96)