

FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N36722 (9)

HAITIAN AMERICAN FOUNDATION, INC.



Principal Place of Business 8380 NE 2ND AVE MIAMI FL 33138 US		Mailing Address 8380 NE 2ND AVE MIAMI FL 33138 US		3. Date Incorporated or Qualified 02/12/1990	
2. Principal Place of Business 21 6660 Biscayne Blvd Suite, Apt. #, etc. 22 City & State Miami, FL 23 Zip 33138 24 Country USA		2a. Mailing Address 26 6660 Biscayne Blvd Suite, Apt. #, etc. 27 City & State Miami, FL 28 Zip 33138 29 Country USA		4. FEI Number 65-0187599 Applied For Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input type="checkbox"/> No	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent COLETTE HALL 8380 NE 2ND Ave MIAMI, FL 33138				10. Name and Address of New Registered Agent 81 Name Ringo Cayard 82 Street Address (P.O. Box Number is Not Acceptable) 6660 Biscayne Blvd 83 84 City Miami 85 Zip Code FL 33138			
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P D	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	CASTHELY, FRANKLIN			1.2 NAME			
STREET ADDRESS	8340 NE 2ND AVE, STE 103			1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			1.4 CITY-ST-ZIP			
TITLE	D	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	SENATUS, PIERRE C			2.2 NAME			
STREET ADDRESS	8340 NE 2ND AVE, STE 103			2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			2.4 CITY-ST-ZIP			
TITLE	T	<input checked="" type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	VELEZ, PAUL			3.2 NAME			
STREET ADDRESS	3801 FEDERAL HIGHWAY			3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL			3.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	LABOISSIERE JULES			4.2 NAME			
STREET ADDRESS	8340 NE 2ND AVE.			4.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL 33138			4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				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 an address.

SIGNATURE: _____

3/31/98

CR2E037 (10/97)