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**Feb 23, 1999 8:00 am**  
**Secretary of State**

02-23-1999 90083 011 \*\*\*\*70.00

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N36722**

1. Corporation Name

**HAITIAN AMERICAN FOUNDATION, INC.**

Principal Place of Business

6660 BISCAYNE BLVD.  
MIAMI FL 33138  
US

Mailing Address

6660 BISCAYNE BLVD.  
MIAMI FL 33138  
US



2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 02/12/1990 4. FEI Number 65-0187599 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
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9. Name and Address of Current Registered Agent

CAYARD, RINGO  
6660 BISCAYNE BLVD.  
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 reinstating)

DATE

01/04/99

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	CASTHELY, FRANKLIN	1.2 NAME	CASTHELY, FRANKLIN
STREET ADDRESS	8340 NE 2ND AVE, STE 103	1.3 STREET ADDRESS	6660 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIA, FL 33138
TITLE	D	2.1 TITLE	D
NAME	SENATUS, PIERRE C	2.2 NAME	SENATUS, PIERRE C
STREET ADDRESS	8340 NE 2ND AVE, STE 103	2.3 STREET ADDRESS	6660 BISCAYNE BLVD
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIA, FL 33138
TITLE	D	3.1 TITLE	
NAME	DESRAEUAUX, RODNEY Y	3.2 NAME	
STREET ADDRESS	730 NW 207 TER	3.3 STREET ADDRESS	
CITY-ST-ZIP	PEMBROKE PINES FL 33029	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	
NAME	LABOSSIERE 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		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
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, with all other like empowered.

SIGNATURE:  SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/04/99

Date

(305) 758-3338

Daytime Phone #

CR2E037 (1/98)