

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N94000004885 (9)

1. Corporation Name

THE HAITI FOUNDATION, INC.

400001779524

-04/15/96--01023--020

***61.25



Principal Place of Business

11720 SW 95 STREET
MIAMI FL 33186

Mailing Address

1300 SE 10TH AVE.
HIALEAH FL 33010

2. Principal Place of Business

21 3475-4 NE 191st ST

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

23 Aventura, FL

28 City & State

24 Zip 33180

25 Country U.S.A.

29 Zip

30 Country

3. Date Incorporated or Qualified

09/15/1994

3a. Date of Last Report

01/10/1996

4. FEI Number

APPLIED FOR 65-055485

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

GOURAGE, MARJORIE
11540 SW 126TH ST.
MIAMI FL 33176

81 Name

Douyon, Richard

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

3475-4 NE 191st ST

83

84 City

Aventura

FL

85 Zip Code

33180

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 if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Richard Douyon/Treasurer 27 Feb 96

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	GARDERE, PIERRE-YVES	1300 SE 10TH AVE.	HIALEAH FL 33010	<input type="checkbox"/>
VP	GOURAGE, MARJORIE P	11540 SW 126TH ST.	MIAMI FL 33176	<input checked="" type="checkbox"/>
T	ALLEN, NANCY	10372 SW 14TH ST.	MIAMI FL 33174	<input type="checkbox"/>
S	BAYARDELLE, CAROLE	10011 NW 39TH COURT	CORAL SPRINGS FL 33065	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
D	GARDERE, PIERRE-YVES	1300 SE 10TH AVE	HIALEAH, FL 33010	<input checked="" type="checkbox"/>
D	ALLEN, NANCY	10325 SW 46 Street	MIAMI, FL 33178	<input checked="" type="checkbox"/>
D	BAYARDELLE, CAROLE	10011 NW 39 CT	CORAL SPRINGS, FL 33065	<input checked="" type="checkbox"/>
D	RANLEY DESIR, RANLEY	7901 SW 67 TERRACE		<input checked="" type="checkbox"/>
D	Douyon, Richard	3475-4 NE 191 st ST	Aventura, FL 33180	<input checked="" type="checkbox"/>
D	DE DELVA, EDOUARD	16041 SW 82 AVE	MIAMI, FL 33157	<input checked="" type="checkbox"/>

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

27 Feb 96 305-247-2425

Date

Daytime Phone #

CR2E037 (12/95)