

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

NON-PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
May 05, 1999 8:00 am
Secretary of State

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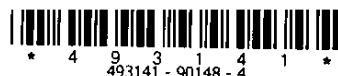
1. Corporation Name

HAITIAN-AMERICAN CENTER FOR ECONOMIC AND
PUBLIC AFFAIRS (HACEPA), INC.

Principal Place of Business

Mailing Address

625 N.E. 124th Street, Suite B
North Miami Florida 33161



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 625 N.E. 124 St, Suite B

4. FEI Number

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

8. This corporation owes the current year Intangible
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jean-Claude P. Cantave
1970 N.W. 180th Street
Miami Florida 33056

81 Name

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

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP
NAME Cantave, Jean-Claude P.
STREET ADDRESS 1970 N.W. 180th Street
CITY-ST-ZIP Miami Florida 33056

1.1 TITLE D
1.2 NAME Marie Eveline Philogene
1.3 STREET ADDRESS 12620 N.W. 12th Avenue
1.4 CITY-ST-ZIP North Miami Florida 33168

TITLE VP
NAME Jean-Louis, Roland DR.
STREET ADDRESS 13785 N.W. 5th Avenue
CITY-ST-ZIP Miami Florida 33168

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

TITLE S
NAME Destine, Jean-Claude
STREET ADDRESS 345 N.W. 101st Street
CITY-ST-ZIP Miami Florida 33150

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

TITLE D
NAME Mondesir, Leon T.
STREET ADDRESS 90 N.E. 54th Street
CITY-ST-ZIP Miami Florida 33137

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

TITLE D
NAME Mirville, Ernst DR.
STREET ADDRESS 5919 N.E. 2nd Avenue
CITY-ST-ZIP Miami Florida 33137

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE DT
NAME Narchet, Flayel
STREET ADDRESS 7624 N.E. 2nd Avenue
CITY-ST-ZIP Miami Florida 33138

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, in all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Jean-claude P. Cantave H-24-99 (305) 899-7712
PRESIDENT

Date

Daytime Phone

CR2E034 (11/98)