

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # N96000003167 (1)

1. Corporation Name

HAITIAN NETWORK CONNECTION INC.

Principal Place of Business

Mailing Address

8754 MIRAMAR BLVD.
MIRAMAR FL 33002

POST OFFICE BOX 473192
MIAMI FL 33247

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1996

3a. Date of Last Report

N/A.

4. FEI Number

65-0742380

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 8754 MIRAMAR BLVD.

2a. Mailing Address

26 N/A.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

23 MIRAMAR, FLORIDA

City & State

28

Zip

24 33025

Country

25 BEDWARD

Zip

29

Country

30

9. Name and Address of Current Registered Agent

JEAN-JOSEPH, CARLO
MERCEDE EXECUTIVE PARK
1876 N. UNIVERSITY DRIVE, SUITE 309-C
PLANTATION FL 33322

10. Name and Address of New Registered Agent

81 Name

N/A.

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

83

84 City

FL

85 Zip Code

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME D
COLLIN, JEAN
STREET ADDRESS 1030 N.E. 180 TERRACE
CITY-ST-ZIP MIAMI FL 33182

TITLE ☐ DELETE

NAME D
BELFORT, WILFRID
STREET ADDRESS 1030 N.E. 180 TERRACE
CITY-ST-ZIP MIAMI FL 33182

TITLE ☐ DELETE

NAME D
VALCIN, WILNER
STREET ADDRESS 1030 N.E. 180 TERRACE
CITY-ST-ZIP MIAMI FL 33182

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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

N/A.

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

N/A.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

N/A.

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 if changed, or on an attachment with an address.

SIGNATURE

SIGNATURE REQUIRED

Handwritten signature 9/16/97 3:05 PM 1997

FILED
Sep 22 1997 8:00am
Secretary of State



CR2E037 (4/97)