SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700002267

Corporation Name

CULTURAL ASSOCIATION FOR HAITIAN EMPOWERMENT, IN

rincipal Place of Business

80 NORTHEAST 51ST COURT FORT: LAUDERDALE FL 33334

. Principal Place of Business

Mailing Address

2a. Mailing Address

80 NORTHEAST 51ST COURT FORT LAUDERDALE FL 33334

## FILED Sep 09, 1999 8:00 am Secretary of State

09-09-1999 90004 047 \*\*\*\*61.25





3. Date Incorporated or Qualifed

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Suite, Apt. #, etc.		Suite, Apt. #, etc.			4. FEI Number		<u> </u>	plied For
1		27			65-0746836		<del></del>	t Applicable
City & Stat	te	City & State			5. Certifcate of Status Desired		\$8.75 A	
28					Gr Goranoulo di Ciciado d'Ocidado		Fee Re	quired
Zip	ip Country Zip			y	6. Election Campaign Financing		\$5.00	
25 29 30			0		Trust Fund Contribution		Added to	o Fees
	9. Name and Address of Current	Registered Agent			10. Name and Address of New i	Registered	Agent	
Į			. 81	Name				
AMERILAWYER CHARTERED				Street Add	ress (P.O. Box Number is Not Accept	able)		
343 ALMERIA AVENUE							<del></del>	
CORAL GABLES FL 33134				1				
							85 Zip C	ode
			84			<u> </u>	<b>-</b>	
office or n agent. I a	to the provisions of Sections 617.0502 registered agent, or both, in the State of im familiar with, and accept the obligation	Florida, Such chande was auth	IOOZEO DV	r the corporatio	on's board of directors. I hereby acce	ot the appoi	ntment as rec	jistered
GNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: Re	egistered Age	nt signature require	od when reinstating)	DATE		
·.	OFFICERS AND DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AN		
LE .	PD	☐ DELETE	1.1 TITLE				Change	☐ Additio
ME :	ETIENNE, MARY-ROSE	1.21						
REET ADDRESS	AN MODELLE LAT SALES		1.3 STREE	T ADDRESS				
Y-ST-ZIP	FORT LAUDERDALE FL 33334		1.4 CITY- S	ST-ZIP				
LE :	VD	☐ DELETE	2.1 TITLE		•		Change	Additio
ME :	DEBE, DAVID		2.2 NAME					
REET ADDRESS	~80 NORTHEAST-51ST-COURT	المساور والمعطم	2.3 STREE	TADORESS -	Transfer Linearity on the Co.	,		
Y-ST-ZIP	FORT LAUDERDALE FL 33334	<u> </u>	2. 4 CITY-	ST-ZIP				
LE	SD	☐ DELETE	3.1 TITLE				Change	Addition
WE ,	DEBE, FATIMA		3.2 NAME					
REET ADDRESS	80 NORTHEAST 51ST COURT		3.3 STREE	T ADDRESS				
Y-ST-ZIP	FORT LAUDERDALE FL 33334		3.4. CITY-1	ST-ZIP				
Œ	TD	☐ DELETE	4.1 TTLE		•		Change	Additio
VIE	PHILIPPI, WILLEM		4. 2 NAME					
REET ADDRESS	80 NORTHEAST 51ST COURT		4.3 STREE	TADORESS				
Y-ST-ZIP	FORT LAUDERDALE FL 33334		4.4 CITY-5	ST-ZIP		:		
E		☐ DELETE	5.1 TITLE				☐ Change	Additio
ΝE			5.2 NAME					
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ν/E .			6.2 NAME					
REET ADDRESS			6.3 STREE	T ADDRESS				
Y 6T 7/D			6.4 CITY-5	ST-ZIP				

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.

IGNATURE

MARIGRATURE/FERMURED, SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/99 (954)772-5809