

FILE NOW: FILING FEE IS \$61.25

FILED
Apr 29, 1999 8:00 am
Secretary of State

04-29-1999 90065 024 ****70.00

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # N97000002698

1. Corporation Name

HAITIAN AMERICAN ASSOCIATION AGAINST CANCER, INC

Principal Place of Business

1001 NORTHEAST 125TH STREET
 SUITE 108
 NORTH MIAMI FL 33161

Mailing Address

1001 NORTHEAST 125TH STREET
 SUITE 108
 NORTH MIAMI FL 33161



2. Principal Place of Business

21 **1444 BISCAYNE BLVD**

Suite, Apt. #, etc.

22 **SUITE 230**

City & State

23 **MIAMI, FL**

Zip

24 **33132**

Country

25 **U.S.**

2a. Mailing Address

26 **1444 BISCAYNE BLVD**

Suite, Apt. #, etc.

27 **SUITE 230**

City & State

28 **MIAMI, FL**

Zip

29 **33132**

Country

30 **U.S.**

3. Date Incorporated or Qualified

05/13/1997

4. FEI Number

65-0761586

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

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

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 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 **PTD**
CALIXTE, JACQUES A
 STREET ADDRESS **1001 NORTHEAST 125TH STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ DELETE

NAME **VSD**
BLOT, ROSE P
 STREET ADDRESS **1001 NORTHEAST 125TH STREET**
 CITY-ST-ZIP **NORTH MIAMI FL 33161**

TITLE ☐ DELETE

NAME **D**
MOISE, RUDOLPH DR
 STREET ADDRESS **1001 NE 125 STREET, STE 108**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☒ DELETE

NAME **D**
JEAN-PIERRE, JEAN-BAPTISTE
 STREET ADDRESS **1001 NE 125 ST, STE 108**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☒ DELETE

NAME **D**
REMY, ASTRA
 STREET ADDRESS **1001 NE 125 STREET, STE. 108**
 CITY-ST-ZIP **MIAMI FL 33161**

TITLE ☐ DELETE

NAME **DIRECTOR**
DENISE-AUGUSTE, PASCALE
 STREET ADDRESS **8911 SW 57TH STREET**
 CITY-ST-ZIP **COOPER CITY, FL 33328**

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

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☒ Addition

3.2 NAME **DIRECTOR**

3.3 STREET ADDRESS **FABZEN, DELOER**

3.4 CITY-ST-ZIP **14613 SW 104 STREET**

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME **DIRECTOR**

4.3 STREET ADDRESS **BLOT, GUERNA**

4.4 CITY-ST-ZIP **1535 NE 142 STREET**

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME **DIRECTOR**

5.3 STREET ADDRESS **MENARD, CARMELLE**

5.4 CITY-ST-ZIP **3121 NW 67 COURT**

6.1 TITLE ☒ Change ☐ Addition

6.2 NAME **DIRECTOR**

6.3 STREET ADDRESS **FORT LAUDERDALE, FL 33309**

6.4 CITY-ST-ZIP **DIRECTOR**

6.5 NAME **DESDU LEANX, JEAN**

6.6 STREET ADDRESS **12600 SW 189 ST.**

6.7 CITY-ST-ZIP **MIAMI, FL 33177**

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: **x**

SIGNATURE REQUIRED
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

x 4/17/99 x (305) 322-2297
 Date Daytime Phone #

CR2E037 (11/98)

0033130