FILE NOW: FILING FEE IS \$61.25

NONPROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

1998

DOCUMENT #

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130/98

HAITIAN ALLIANCE FOR PROGRESS, INC.					
Principal Place of Business		Mailing Address			
1450 NE 151TH STREET NORTH MIAMI FL 33162		1450 NE 151TH STREET NORTH MIAMI FL 33162			3. Date incorporated or Qualified 07/22/1997
					4. FEI Number Applied For
2. Principal P	Place of Business	2a. Mailing Address			- \$0.75 Additional
21		26			5. Certificate of Status Desired Section Fee Required
Suite, Apt. #, etc.		Suite, Apt. #, etc.		•	6. Election Campaign Financing \$5.00 May Be
22 City & State		City & State			Trust Fund Contribution Added to Fees
23		28			7. Is this nonprofit corporation a homeowners association?
Zip Country		Zip Country		ry	8. This corporation owes or has paid the current year Intangible
24 25		29 30			Personal Property Tax due June 30. Yes No
9. Name and Address of Current Registered Agent				1 Name	10. Name and Address of New Registered Agent
			L	.,	
SAINTVILLE, RENOLD 13180 NW 8TH AVENUE NORTH MIAMI FL 33168			8	2 Street A	ddress (P.O. Box Number is Not Acceptable)
			8	3	
			8	4 City	85 Zip Code
111				1	FL 1 1
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 femiliar with, and accept the obligations of, Section 617.0503, Florida Statutes. SIGNATURE Signature, Specifor printed remets registered agent and tile if applicable (NOTE: Registered Agent signature regulated when reinstating) DATE					
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	SAINTVILLE, RENOLD		1.2 NAM		
STREET ADDRESS	13180 NW 8TH AVENUE			ET ADDRESS	
CITY-ST-ZIP TITLE	NORTH MIAMI FL 33168			-ST-ZIP	☐ Change ☐ Addition
NAME	VD Duperval, Mario		2.1 TITLE 2.2 NAMI		Compt Continue
STREET ADDRESS				ET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33162		2. 4 CITY		
TITLE	VD	☐ DELETE	3.1 TITLE		Change Addition
NAME	JEAN-CHARLES, RENOLD	ENOLD 32		:	
STREET ADDRESS			3.3 STRE	ET ADORESS	
CITY-ST-ZIP	MIAMI FL 33127	——————————————————————————————————————		-ST-ZIP	Channe Diddline
TITLE	SO DOGG AIDE MADIE AMOE	☐ DELETE	4.1 TITLE		Change Addition
NAME STREET ADDRESS	ROSICLAIRE, MARIE-ANGE 1051 NW 141ST STREET		4. 2 NAM	ET ADDRESS	
CITY-ST-ZIP	1411 N FL 10140		4.4 CITY		
TITLE	MIAMI PL 33168 TD	☐ DELETE			Change Addition
NAME	VIELOT, EDWIDGE		5.2 NAM		
STREET ADDRESS			5.3 STRE	ET ADDRESS	
City-St-ZIP	MIAM! FL 33179			-ST-ZIP	
TITLE	ATD	DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	ST. JULIEN, JAQUELIN		6.2 NAM		
STREET ADDRESS	1000 112 110111 0111021		6.3 STRE	ET ADDRESS	
CITY-ST-ZIP	NORTH MIAMI FL 33162			ST-ZIP	In Castian (40 07/2V) Elevida Clatutas I further partit, that the '-f
Indicated	on this annual report or supplement	tal annual report is true and acc	curate and t	hat my sign:	I in Section 119.07(3)(i), Florida Statutes. I further certify that the information ature shall have the same legal effect as if made under cath; that I am an equived by Chapter 617. Florida Statutes, and that my name annuars in
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.					