

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



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

1999

DOCUMENT # N97000004116

1. Corporation Name

HAITIAN ALLIANCE FOR PROGRESS, INC.

Principal Place of Business

1450 NE 151TH STREET
NORTH MIAMI FL 33162

Mailing Address

1450 NE 151TH STREET
NORTH MIAMI FL 33162

FILED
Jul 27, 1999 8:00 am
Secretary of State

07-27-1999 90008 005 ****61.25

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2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

21

26

07/22/1997

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

Applied For

65-0798840

Not Applicable

City & State

City & State

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

Zip

Country

Zip

Country

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SAINTVILLE, RENOLD
13180 NW 8TH AVENUE
NORTH MIAMI FL 33168

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

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME SAINTVILLE, RENOLD
STREET ADDRESS 13180 NW 8TH AVENUE
CITY-ST-ZIP NORTH MIAMI FL 33168

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE VD
NAME DUPerval, MARIO
STREET ADDRESS 1450 NE 151TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33162

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

Change Addition

TITLE VD
NAME JEAN-CHARLES, RENOLD
STREET ADDRESS 915 NW 30TH STREET
CITY-ST-ZIP MIAMI FL 33127

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

Change Addition

TITLE SD
NAME ROSICLAIRE, MARIE-ANGE
STREET ADDRESS 1051 NW 141ST STREET
CITY-ST-ZIP MIAMI FL 33168

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

Change Addition

TITLE TD
NAME VIELOT, EDWIDGE
STREET ADDRESS 18900 NE 3RD COURT #512
CITY-ST-ZIP MIAMI FL 33179

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

Change Addition

TITLE ATD
NAME ST. JULIEN, JAQUELIN
STREET ADDRESS 1595 NE 140TH STREET
CITY-ST-ZIP NORTH MIAMI FL 33162

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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:

Renold Saintville
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-19-99

Date

305-687-1087

Daytime Phone #

CR2E037 (5/99)