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**NONPROFIT
CORPORATION
ANNUAL REPORT
1999**



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

DOCUMENT # N97000006747

1. Corporation Name

HAITIAN ART MUSEUM, INC.

Principal Place of Business

777 N.E. 79TH STREET CAUSEWAY STE. 104
MIAMI FL 33138

Mailing Address

777 N.E. 79TH STREET CAUSEWAY STE. 104
MIAMI FL 33138

5 4 7 5 3 1
547531 - 90024 - 49



2. Principal Place of Business

21 **1060 N.E. 79st**
Suite, Apt. #, etc.

2a. Mailing Address

26 **777 N.E. 79st CAUSEWAY 104**
Suite, Apt. #, etc.

3. Date Incorporated or Qualified

01/05/1998

4. FEI Number

☒ Applied For
☐ Not Applicable

City & State

23 **MIAMI FL 33138**
Zip Country

City & State

28 **MIAMI FL 33138**
Zip Country

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

~~PIERRE, ANDRE D~~
~~537 N.E. 74TH ST.~~
~~MIAMI FL 33138~~

RAYMOND OLLIVIER
19740 N.W. 7AV
MIAMI, FL 33169

10. Name and Address of New Registered Agent

81 Name **RAYMOND OLLIVIER**

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

83 **19740 N.W. 7AV**

84 City **MIAMI**

85 Zip Code **FL 33138**

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 **RAYMOND OLLIVIER**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when registering)

DATE

1/4/98

12. OFFICERS AND DIRECTORS

TITLE **SP** ☐ DELETE
NAME **OLIVIER, FRANTZ D**
STREET ADDRESS **1286 N.E. 104 ST.**
CITY-ST-ZIP **MIAMI SHORES FL 33138**

TITLE **V** ☐ DELETE
NAME **OLIVIER, GINA D**
STREET ADDRESS **19740 N.W. 7 AVE.**
CITY-ST-ZIP **MIAMI FL 33169**

TITLE **T** ☐ DELETE
NAME **LAFAILLE, NIRVA D**
STREET ADDRESS **7311 VENETIAN ST. APT. 1**
CITY-ST-ZIP **MIRAMAR FL 33023**

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

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
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

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 hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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:

SIGNATURE REQUIRED

FRANTZ OLIVIER 1/4/98-305-788489

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

C-32 037 (11/93)