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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # N98000002684

1. Corporation Name

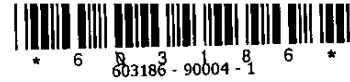
**THE HAITIAN AMERICAN CULTURAL GROUP, INCORPORATE
D**

Principal Place of Business

317 N.W. 103RD TERRACE
PEMBROKE PINES FL 33026

Mailing Address

317 N.W. 103RD TERRACE
PEMBROKE PINES FL 33026



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

05/08/1998

4. FEI Number

05-0844150

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

**NICOLAS, MARIE T
317 N.W. 103RD TERRACE
PEMBROKE PINES FL 33026**

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 **DP** ☐ DELETE
NAME **NICOLAS, MARIE T**
STREET ADDRESS **317 N.W. 103RD TERRACE**
CITY-ST-ZIP **PEMBROKE PINES FL 33026**

TITLE **DT** ☒ DELETE
NAME **MONARGENT, CHRISTIAN**
STREET ADDRESS **2650 N.W. 64TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **DS** ☐ DELETE
NAME **MONTILLUS, GERALD**
STREET ADDRESS **15855 N.W. 10TH STREET**
CITY-ST-ZIP **PEMBROKE PINES FL 33028**

TITLE **D** ☐ DELETE
NAME **MONARGENT, MARIE L**
STREET ADDRESS **2650 N.W. 64TH AVENUE**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **D** ☐ DELETE
NAME **DELVA, JOHN F**
STREET ADDRESS **4731 N.W. 10TH COURT**
CITY-ST-ZIP **SUNRISE FL 33313**

TITLE **D** ☐ DELETE
NAME **COLE, IRLANDA**
STREET ADDRESS **731 N.E. 161ST STREET**
CITY-ST-ZIP **N. MIAMI BEACH FL 33162**

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

DT LABORDO, SAMUEL L. Revd
1322 Wynndale Drive
West Palm Beach, FL 33414

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: **MARIE T. B. NICOLAS**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)