

FILE NOW: FILING FEE IS \$61.25

NONPROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90010 031 \*\*\*\*70.00

**DOCUMENT # N98000004299**

1. Corporation Name

**RASSEMBLEMENT POUR UNE NOUVELLE HAITI, INC.**

Principal Place of Business

**3033 NORTHWEST NORTH RIVER DRIVE  
2ND FLOOR, SUITE 609  
MIAMI FL 33142**

Mailing Address

**3033 NORTHWEST NORTH RIVER DRIVE  
2ND FLOOR, SUITE 609  
MIAMI FL 33142**



2. Principal Place of Business

**21 15470 NW 77ct**

**22 SUITE # 323**

**23 Miami FL**

**24 33016** **25**

2a. Mailing Address

**26 15470 NW 77ct**

**27 323**

**28 Miami FL**

**29 33016** **30**

3. Date Incorporated or Qualified

**07/22/1998**

4. FEI Number

**65-0852810**

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  
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.

(NOT E: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☐ DELETE  
NAME **MOURRA, SAMIR**  
STREET ADDRESS **3033 NORTHWEST NORTH RIVER DRIVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VD** ☐ DELETE  
NAME **LEVEILLE, HERVE**  
STREET ADDRESS **3033 NORTHWEST NORTH RIVER DRIVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **SD** ☒ DELETE  
NAME **NERETTE, VOLNEY**  
STREET ADDRESS **3033 NORTHWEST NORTH RIVER DRIVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **TD** ☐ DELETE  
NAME **MOURRA, OLGA**  
STREET ADDRESS **3033 NORTHWEST NORTH RIVER DRIVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VD** ☐ DELETE  
NAME **KORNFIELD, CLIFFORD**  
STREET ADDRESS **3033 NORTHWEST NORTH RIVER DRIVE**  
CITY-ST-ZIP **MIAMI FL 33142**

TITLE **VD** ☒ DELETE  
NAME **ANDRE, EDDY**  
STREET ADDRESS **3033 NORTHWEST NORTH RIVER DRIVE**  
CITY-ST-ZIP **MIAMI FL 33142**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition  
1.2 NAME **Mourra Samir**  
1.3 STREET ADDRESS **8515 NW 166 Terrace**  
1.4 CITY-ST-ZIP **Miami FL 33016**

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

3.1 TITLE **SD** ☒ Change ☐ Addition  
3.2 NAME **SAMIR MOURRA**  
3.3 STREET ADDRESS **8515 NW 166 Terrace**  
3.4 CITY-ST-ZIP **Miami FL 33016**

4.1 TITLE **TD** ☒ Change ☐ Addition  
4.2 NAME **MOURRA, OLGA**  
4.3 STREET ADDRESS **8515 NW 166 Terrace**  
4.4 CITY-ST-ZIP **Miami FL 33016**

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)(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:

**SIGNATURE OF REGISTERED AGENT**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4-22-99**

**305 776 3238**  
Date Daytime Phone #

CR2E037 (11/98)

0031088