

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**May 14, 1999 8:00 am**  
**Secretary of State**

05-14-1999 90006 071 \*\*\*\*\*8.75

05-14-1999 90006 072 \*\*\*\*\*61.25

**NONPROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # N98000005710**

1. Corporation Name

**UNITED FREE MASONS OF THE WORLD INC.**

Principal Place of Business

**1100 N.E. 125 ST #105  
MIAMI FL 33161**

Mailing Address

**1100 N.E. 125 ST #105  
MIAMI FL 33161**



2. Principal Place of Business

**21 1100 N.E. 125 ST**

2a. Mailing Address

**26 1100 N.E. 125 Street**

3. Date Incorporated or Qualified

**10/02/1998**

Suite, Apt. #, etc.

**22 Suite # 105**

Suite, Apt. #, etc.

**27 Suite # 105**

4. FEI Number

**65-08-69065**

Applied For

Not Applicable

City & State

**23 MIAMI, FLA.**

City & State

**28 MIAMI, FLA.**

5. Certificate of Status Desired ☒

**\$8.75 Additional  
Fee Required**

Zip

**24 33161**

Country

**25 MIAMI-FLA**

Zip

**29 33161**

Country

**30 USA.**

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00 May Be  
Added to Fees**

9. Name and Address of Current Registered Agent

**SANON-JULES, THOMAS**

**10300 SUNSET DR STE 265**

**MIAMI FL 33161**

10. Name and Address of New Registered Agent

**81 Name SANON-JULES THOMAS**

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

**10300 SUNSET DRIVE**

**83 SUITE # 265**

**84 City MIAMI**

**FL 85 Zip Code**

**33173**

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 617.2503, Florida Statutes.

SIGNATURE

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

(NOTE: Registered Agent signature required when reinstating)

**5/01/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

**P  
NAME ALCINDOR, ANTOINE C  
STREET ADDRESS 12730 NW 18 CT  
CITY-ST-ZIP MIAMI FL 33167**

TITLE ☐ DELETE

**V  
NAME MERISIER, GEORGE  
STREET ADDRESS 911 NW 142 ST  
CITY-ST-ZIP MIAMI FL 33168**

TITLE ☐ DELETE

**D  
NAME HERCULE, JULIEN M  
STREET ADDRESS 1100 N.E. 125 ST #105  
CITY-ST-ZIP MIAMI FL 33161**

TITLE ☐ DELETE

**D  
NAME FORTUNEE, JEAN R  
STREET ADDRESS 1100 N.E. 125 ST #105  
CITY-ST-ZIP MIAMI FL 33161**

TITLE ☐ DELETE

**D  
NAME JOSEPH, INAVI  
STREET ADDRESS 1100 N.E. 125 ST #105  
CITY-ST-ZIP MIAMI FL 33161**

TITLE ☐ DELETE

**D  
NAME DOCTEUR, DALES  
STREET ADDRESS 1100 N.E. 125 ST #105  
CITY-ST-ZIP MIAMI FL 33161**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

**SECRETARY  
SERGE EDOUARD  
1100 N.E. 125 Street  
MIAMI, FL 33161**

2.1 TITLE ☐ Change ☐ Addition

**TREASURER  
JEAN CLAUDE JEAN BAPTISTE  
6304 N.W. 1st PLACE  
MIAMI, FL 33150**

3.1 TITLE ☐ Change ☐ Addition

**D LEGUY BALTAZAR  
1100 N.E. 125 Street  
MIAMI, FL 33161**

4.1 TITLE ☐ Change ☐ Addition

**D AROLA Michel  
1100 N.W. 125st #105  
MIAMI, FL 33161**

5.1 TITLE ☐ Change ☐ Addition

**D ANDRE LEONARA  
1100 N.E. 125 Street  
MIAMI, FL 33161**

6.1 TITLE ☐ Change ☐ Addition

**D BENITO BOUCICANT  
5956 N.E. 2nd AVENUE  
MIAMI, FL 33137**

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 REQUIRED

*Antoine C. Alcindor* 5/01/99 (305) 893-0980

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E037 (11/98)

0033161