
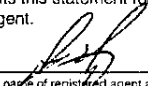
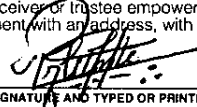


# 2004 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Mar 01, 2004 8:00 am**  
**Secretary of State**

03-01-2004 90025 017 \*\*\*150.00

<b>DOCUMENT # P03000040041</b>			
1. Entity Name INSTITUT SUPERIEUR TECHNIQUE D'HAITI, INC.			
Principal Place of Business 3801 S OCEAN DR STE 47 HOLLYWOOD, FL 33019		Mailing Address 3801 S OCEAN DR STE 47 HOLLYWOOD, FL 33019	
2. Principal Place of Business 3801 S. Ocean Dr. #42		3. Mailing Address 3801 S. Ocean Dr.	
Suite, Apt. #, etc.		Suite, Apt. #, etc. #42	
City & State Hollywood, FL		City & State Hollywood, FL	
Zip 33019	Country	Zip 33019	Country
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required		4. FEI Number 35-2201742	
6. Name and Address of Current Registered Agent LECONTE, RUDOLPHE 3801 S OCEAN DR STE 47 HOLLYWOOD, FL 33019		7. Name and Address of New Registered Agent Name: Steven K. Schwartz PA Street Address (P.O. Box Number is Not Acceptable): 80 NE 167 St. #200 City: N. Miami Beach FL Zip Code: 33162	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE:  DATE: 2/19/04 (NOTE: Registered Agent signature required when reinstating)			
<b>FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	D LECONTE, PIERRE R 3801 S OCEAN DR STE 47 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Change <input type="radio"/> Addition Suite 42
TITLE NAME STREET ADDRESS CITY - ST - ZIP	P LECONTE, RUDOLPHE 3801 S OCEAN DR STE 47 HOLLYWOOD, FL 33019 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input checked="" type="radio"/> Change <input type="radio"/> Addition Suite 42
TITLE NAME STREET ADDRESS CITY - ST - ZIP	S NAMPHY, PAUL C 3801 S. OCEAN DRIVE; APT. 4-2 HOLLYWOOD, FL 330192902 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="radio"/> Change <input type="radio"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="radio"/> Change <input type="radio"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="radio"/> Change <input type="radio"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="radio"/> Change <input type="radio"/> Addition
12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.			
SIGNATURE: 		02/19/2004 (954) 822 3058	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date Daytime Phone #	

54012934



02192004 Chg-P CR2E034 (10/03)

4. FEI Number 35-2201742 Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

## 6. Name and Address of Current Registered Agent

LECONTE, RUDOLPHE  
3801 S OCEAN DR STE 47  
HOLLYWOOD, FL 33019

## 7. Name and Address of New Registered Agent

Name: Steven K. Schwartz PA  
Street Address (P.O. Box Number is Not Acceptable): 80 NE 167 St. #200  
City: N. Miami Beach FL Zip Code: 33162

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE:  DATE: 2/19/04  
(NOTE: Registered Agent signature required when reinstating)

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

## 10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LECONTE, PIERRE R  
3801 S OCEAN DR STE 47  
HOLLYWOOD, FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
P  
LECONTE, RUDOLPHE  
3801 S OCEAN DR STE 47  
HOLLYWOOD, FL 33019 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
S  
NAMPHY, PAUL C  
3801 S. OCEAN DRIVE; APT. 4-2  
HOLLYWOOD, FL 330192902 ☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Delete

## 11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
Suite 42

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☒ Change ☐ Addition  
Suite 42

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
☐ Change ☐ Addition

12. 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 report or supplemental 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 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

02/19/2004 (954) 822 3058  
Date Daytime Phone #

*Attachment*

LAW OFFICES OF  
**STEVEN K. SCHWARTZ, P.A.**

801 NORTHEAST 167<sup>TH</sup> STREET  
SECOND FLOOR  
NORTH MIAMI BEACH, FLORIDA 33162

TELEPHONE: (305) 455-2040  
TELECOPIER: (305) 455-2049  
E-MAIL: STEVESCHWARTZ45@MSN.COM

STEVEN K. SCHWARTZ

ADMITTED IN FLORIDA, NEW YORK AND NEW JERSEY

LEGAL ASSISTANTS  
ILEANA CASTILLO  
SARAH GROSS  
SHAUN GELVEZ

February 22, 2004

Florida Department of State  
Division of Corporations  
Corporate Filings  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Uniform Business Reports for  
(a) Institut Superieur Technique D'Haiti  
(b) International Haitian Society of Economic & Social  
Development, Inc.

To Whom It May Concern:

I recently began representing the principal of these corporations. While reviewing the information available I learned that one UBR has not been filed and the other cannot be filed because of an administrative dissolution. My client was completely unaware that a UBR was required.

I am enclosing a UBR and the \$150 filing fee for Institut Superieur Technique D'Haiti. However, because of the administrative dissolution I could not print a UBR for International Haitian Society of Economic & Social Development, Inc.

I spoke with Tina, from your office, regarding a similar issue for another client, and she explained that if there was no actual notice, then certain fees for filing the UBR could be waived. Therefore, I respectfully request that you waive the late fees and permit reinstatement and the filing of a UBR for International Haitian Society of Economic & Social Development, Inc. I will promptly file the report with the \$150 fee.

Thank you for your courtesies and assistance. Please contact this office with any questions or concerns.

Very truly yours,

STEVEN K. SCHWARTZ, P.A.

Steven K. Schwartz  
For the firm