FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000088561 (4)

HAITI ANTENNES PLUS INC.

Principal Place of Business	Mailing Address
20290 S.W. 85TH AVE.	20290 S.W. 85TH AV
MIAMI FL 33189	MIAMI FL 33189-2512

FILED May 07 1997 8:00am Secretary of State



20200 S.W. 85TH AVE. MIAMI FL 33189		20290 S.W. 85TH AVE. Miami Fl 33189-2512				
					3. Date Incorporated or Qualified 12/20/1993	3a. Date of Last Report 10/02/1996
2. Principal Place of Business 2s. Mailing Address					4. FEI Number	Applied For
21 26					65-0523478	Not Applicable
Suite, Apt. #, etc. Suite, Apt. # 22 27					5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Sta	le	City & State			Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 7iρ			У		Yes No
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Reg	jistered Agent
	PRIOLAN, NADIA		8	Name		
20290 S.W. 85TH AVE. MIAMI FL 33189			8	Street Ado	dress (P.O. Box Number is Not Acceptab	le)
			8	3		
			8	/	· · · · · · · · · · · · · · · · · · ·	FL 85 Zip Code
11. Pursuant office or agent. I s	to the provisions of Sections 607.05 registered agent, or both, in the State am familiar with, and accept the oblig	02 and 607.1508, Florida Statute of Florida. Such change was a pations of, Section 607.0505, Flo	es, the abo authorized b orida Statut	ve-named cor by the corpora es.	poration submits this statement for the p ation's board of directors. I hereby accep	urpose of changing its registered it the appointment as registered
SIGNATURE						7. N. M. 10. A.
12.	Signature, typed or printed name of registered ag	IONE AND THE CHORS	13.	gent signature fequ	uired when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIDECTORS IN 12
TITLE	PO	DELETE	1,1 TITLE		ADDITIONA, OF INVALED TO 0, 110	Change Addition
NAME	CORIOLAN, NADIA	_	1,2 NAME			
STREET ADDRESS	20290 S.W. 85TH AVE.			1 ADDRESS		
CtTY-ST-ZIP	MIAMI FL 33189		1.4 CITY-	ST-ZIP		
TITLE	SD	☐ DELETE	2 1 11116			Change Addition
NAME	REVOLLUS, ADELINE		2.2 NAMI	.		
STREET ADDRESS			23 STRE	T ADDRESS		
CITY-ST-ZIP	MIAMI FL 33161		2 4 City	- ST - 71P		
TITLE	TD REAL EDEDEDIO	DELETE	3 1 TITLE			Change Addition
NAME	JEAN, FREDERIC 350 N.E. 141 ST. APT. 315		3.2 NAMI			
STREET ADDRESS CITY-ST-ZIP	MIAMI FL 33181		1	ET ADDRESS		
TITLE	CHEDITAL CIAL	ALLICI DELETE	3.4. CITY 4.1 TITLE	-01-ZIF		Change Addition
NAME	CHERUBIN, EM 20290 SW 85 MISMI, R 331	WINGEL -	4. 2 NAM	E		_ • •
STREET ADDRESS	20240 SW 05	AVE	4.3 STRE	T ADDRESS		
CITY-ST-ZIP	MIAMI, R 331	87 LIKEASURE	4.4 CHY-	ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STRE	1 ADDRESS		
CITY-ST-ZIP		Delete	5.4 CITY	ST-ZIP		[7] Alexander [7] 4.460
TITLE		☐ DEFE1E	6.1 TITLE			Change Addition
NAME STREET LEDDOGGO			6.2 NAME			
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP	1		6.4 CITY	SI-ZIP		

I do hereby certify that the information supplied with this filling 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.