

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

FILED  
Apr 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000088561 (4)

1. Corporation Name

HAITI ANTENNES PLUS INC.

Principal Place of Business

20290 S.W. 85TH AVE.  
MIAMI FL 33189

Mailing Address

20290 S.W. 85TH AVE.  
MIAMI FL 33189



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

9. Name and Address of Current Registered Agent

CORIOIAN, NADIA  
20290 S.W. 85TH AVE.  
MIAMI FL 33189

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

12/20/1993

4. FEI Number

65-0523478

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

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☐ Yes

☐ No

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 607.0502 and 607.1508, 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 607.0505, 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 ☐ DELETE

NAME PD  
CORIOIAN, NADIA  
STREET ADDRESS 20290 S.W. 85TH AVE.  
CITY-ST-ZIP MIAMI FL 33189

TITLE ☐ DELETE

NAME SD  
REVOLLUS, ADELINE  
STREET ADDRESS 420 N.E. 141 ST.  
CITY-ST-ZIP MIAMI FL 33161

TITLE ☐ DELETE

NAME T  
CHERUBIN, EMMANUEL  
STREET ADDRESS 20290 SW 85 AVE  
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

NAME President  
EMMANUEL Cherubin  
1.2 NAME  
1.3 STREET ADDRESS 20290 SW 85ave  
1.4 CITY-ST-ZIP Miami FL 33189

2.1 TITLE ☐ Change ☐ Addition

NAME Vice President  
Nadia Cherubin  
2.2 NAME  
2.3 STREET ADDRESS 20290 SW 85ave  
2.4 CITY-ST-ZIP Miami FL 33189

3.1 TITLE ☐ Change ☐ Addition

NAME Treasurer  
Lucie Cherubin  
3.2 NAME  
3.3 STREET ADDRESS 350 NE 141ST  
3.4 CITY-ST-ZIP Miami, FL 33161

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

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: EMMANUEL Cherubin

4/17/98 12:00 PM 1144

CR2E034 (10/97)