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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000093583 (0)

1. Corporation Name
HAITIAN IMAGING CORPORATION

Principal Place of Business
7241 SW 63RD AVE.
STE. 100
SOUTH MIAMI FL 33143

Mailing Address
7241 SW 63RD AVE.
STE. 100
SOUTH MIAMI FL 33143-4836



3. Date Incorporated or Qualified
12/28/1994

3a. Date of Last Report
08/06/1996

2. Principal Place of Business

21 7241 SW 63 AVE

2a. Mailing Address

26 7241 SW 63 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 101

27 101

23 SOUTH MIAMI, FL.

28 SOUTH MIAMI, FL.

24 33143

29 33143

4. FEI Number

65-0641718

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

BRITO, LEONARDO F PA
8005 NW 155TH STREET
SUITE B
MIAMI FL 33016

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 D
NAME WATERER, GEOFFREY
STREET ADDRESS 3139 LAKESTONE DR
CITY- ST- ZIP TAMPA FL 33618

☐ DELETE

TITLE DS
NAME SALVANT, ALIX
STREET ADDRESS 7241 S.W. 63RD AVE.
CITY- ST- ZIP SOUTH MIAMI FL 33143

☐ DELETE

TITLE DV
NAME PEREIRA, REGINALD
STREET ADDRESS 13014 NEVADA STREET
CITY- ST- ZIP CORAL GABLES FL 33156

☐ DELETE

TITLE DP
NAME THEVENIN, JOSEPH
STREET ADDRESS 7241 S.W. 63RD. AVE.
CITY- ST- ZIP SOUTH MIAMI FL 33143

☐ DELETE

TITLE D
NAME BERTI, ALDO
STREET ADDRESS 5951 N. KENDALL DRIVE
CITY- ST- ZIP MIAMI FL 33156

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

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 do 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:

JOSEPH THEVENIN JR.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0199003

CR2E034 (9/96)