

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Sep 16, 1999 8:00 am
Secretary of State

09-16-1999 90001 034 ***558.75

DOCUMENT # **P98000027474**

1. Corporation Name

HAITIAN-AMERICAN NEWS, INC.

Principal Place of Business
8340 N.E. 2 AVE., STE. 205
MIAMI FL 33138

Mailing Address
8340 N.E. 2 AVE., STE. 205
MIAMI FL 33138

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

2. Principal Place of Business

21 **8358 NE 2ave**

Suite, Apt. #, etc.

22 **Miami, FL 33138**

23 **33138**

Country
USA

2a. Mailing Address

26 **8358 NE 2ave**

Suite, Apt. #, etc.

27 **Miami, FL 33138**

28 **33138**

Country
USA

4. FEI Number

65-0823689

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 the current year
Intangible Personal Property. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

BROWN, SANDRA F
8340 N.E. 2 AVE., STE. 205
MIAMI FL 33138

10. Name and Address of New Registered Agent

81 Name **Sandra Francis Brown**

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

83 **8358 NE 2ave**

84 City **Miami**

FL

85 Zip Code
33138

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.

Sandra Francis Brown

(NOTE: Registered Agent signature required when reinstating)

DATE

9/8/99

12. OFFICERS AND DIRECTORS

TITLE **P** ☐ DELETE

NAME **BROWN, SANDRA F**
STREET ADDRESS **8340 N.E. 2 AVE., STE. 205**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **VST** ☒ DELETE

NAME **GEFFRARD, LUNIQUE**
STREET ADDRESS **8340 N.E. 2 AVE., STE. 205**
CITY-ST-ZIP **MIAMI FL 33138**

TITLE **Editor-in-Chief** ☐ DELETE

NAME **Girlean "Gigi" Tinsley**
STREET ADDRESS **8358 of 3051 N.W. 100 Street**
CITY-ST-ZIP **Miami, FL 33147**

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

TITLE ☐ DELETE

NAME ☐ DELETE

STREET ADDRESS ☐ DELETE

CITY-ST-ZIP ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Editor-in-Chief/VP** ☐ Change ☒ Addition

1.2 NAME **Girlean "Gigi" Tinsley**
1.3 STREET ADDRESS **3051 N.W. 100 Street**
1.4 CITY-ST-ZIP **Miami, FL 33147-2870**

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME ☐ Change ☐ Addition

2.3 STREET ADDRESS ☐ Change ☐ Addition

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE **VP** ☐ Change ☒ Addition

3.2 NAME **Edith Pascal**
3.3 STREET ADDRESS **1551 NE 167 St #221**
3.4 CITY-ST-ZIP **N Miami BCH FL 33162**

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME ☐ Change ☐ Addition

4.3 STREET ADDRESS ☐ Change ☐ Addition

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME ☐ Change ☐ Addition

5.3 STREET ADDRESS ☐ Change ☐ Addition

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME ☐ Change ☐ Addition

6.3 STREET ADDRESS ☐ Change ☐ Addition

6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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:

SIGNATURE REQUIRED

Date

Daytime Phone #

9/8/99

305) 757-9030

CR2E034 (5/99)