

2024 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N21000008452

Entity Name: ASSOCIATION DES ANCIENS DE LA FACULTE DE MEDECINE
D HAITI INC.**FILED**
Mar 05, 2024
Secretary of State
5498026960CC**Current Principal Place of Business:**15812 SW 24TH ST
MIRAMAR, FL 33027**Current Mailing Address:**15812 SW 24TH ST
MIRAMAR, FL 33027 US**FEI Number: 87-1864742****Certificate of Status Desired: No****Name and Address of Current Registered Agent:**UNITED STATES CORPORATION AGENTS, INC.
476 RIVERSIDE AVE.
JACKSONVILLE, FL 32202 US*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.***SIGNATURE:** UNITED STATES CORPOPRATION AGENTS, INC.**03/05/2024**

Electronic Signature of Registered Agent

Date

Officer/Director Detail :

Title	VP
Name	ROCHE, FRANCOIS R
Address	16853 NE 2ND AVE STE 101
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	TD
Name	PIERRE, STANLEY
Address	16853 NE 2ND AVE STE 101
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	SD
Name	DESROSIER, FLORENCE
Address	16853 NE 2ND AVE STE 101
City-State-Zip:	NORTH MIAMI BEACH FL 33162

Title	PRESIDENT
Name	CREVECOEUR, JEAN-CLAUDE
Address	15812 SW 24TH ST
City-State-Zip:	MIRAMAR FL 33027

Title	ASST. SECRETARY
Name	ORELUS, JEAN-PIERROT
Address	16853 NE 2ND AVE STE 101
City-State-Zip:	NORTH MIAMI BEACH FL 33162

I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic 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 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.

SIGNATURE: CREVECOEUR, JEAN-CLAUDE**PRESIDENT****03/05/2024**

Electronic Signature of Signing Officer/Director Detail

Date