

27409

STATEMENT OF ORGANIZATION OF POLITICAL COMMITTEE

Supporting or opposing any candidate, issue, or political party
and which accepts contributions or makes expenditures
during a calendar year in an aggregate amount in excess of \$500.
(Section 106.03, Florida Statutes)

ORIGINAL

(PLEASE TYPE)

1. Full Name Of Committee <i>HAI'TIAN AMERICAN Political action Committee</i>			Date <i>10-30-97</i>
Mailing Address (If post office box or drawer, please add street address) <i>8370 NW 7 AVE</i>			Telephone <i>(305) 6917575</i>
City <i>Miami</i>	County <i>Dade</i>	State <i>FL</i>	Zip Code <i>33150</i>
2. Affiliated Or Connected Organizations (Includes other committees of continuous existence and political committees)			
Name Of Affiliated Or Connected Organization	Mailing Address	Relationship	
<i>NONE</i>	<i>NONE</i>	<i>NONE</i>	
3. Area, Scope And Jurisdiction Of The Committee <i>To Support or oppose Any candidate, issue, Political committee.</i>			
4. Nature Of Organization Or Organization's Special Interest (e.g., medical, legal, education, etc.) <i>To support or oppose any candidate, issue, Political committee.</i>			
5. Identify By Name, Address And Position, The Custodian Of Books And Accounts (Include treasurer's name)			
Full Name	Mailing Address	Committee Title Or Position	
<i>Wilbert Laurent</i>	<i>10861 NE 11 AVE Miami FL 33161</i>	<i>TREASURER</i>	

6. List by Name, Address and Position, Other Principal Officers, Including Officers and Members of the Finance Committee, If Any (include chairman's name)

Full Name	Mailing Address	Committee Title or Position
Josaphat Celestin	8370 NW 9 AVE Miami FL 33150	Chairman

7. List By Name, Address, Office Sought and Party Affiliation each Candidate or Other Individual that this Committee is Supporting.

Full Name	Mailing Address	Office Sought	Party
N/A	N/A	N/A	N/A

8. List Any Issues this Committee is Supporting:

List Any Issues this Committee is Opposing:

NONE At this time

9. If this Committee is Supporting the Entire Ticket of a Party, Give Name of Party:

N/A

10. In the Event of Dissolution, What Disposition will be Made of Residual Funds?

Give to Charitable OR Organization under 501(c3) of the Internal Revenue

11. List all Banks, Safety Deposit Boxes, or Other Depositories Used for Committee Funds.

Name of Bank or Depository & Account Number	Mailing Address
Great Western Bank acct # [REDACTED]	19495 Biscayne Blvd Aventura FL 33180

12. List all Reports Required to be Filed by this Committee with Federal Officials & the Names, Addresses & Positions of Such Officials, If Any.

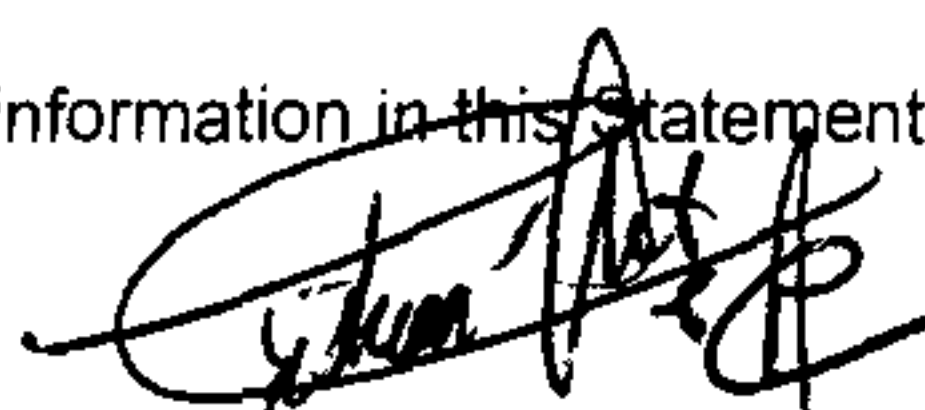
Report Title	Dates Required to be Filed	Name & Position of Official	Mailing Address
N/A	At this time		

STATE OF FLORIDA

Dade COUNTY

I, Josaphat Celestin, certify that the information in this Statement of Organization is complete, true and correct.

X



Signature of Chairman of Political Committee