

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

95 MAY -1 AM 9:51

DOCUMENT # K51902 (0)

HAIKO, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Office Address: 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134
Mailing Address: 201 ALHAMBRA CIRCLE SUITE 502 CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 3. Date Incorporation Established 12/16/1988 | 3a. Date of Last Report 04/29/1994 |
| 4. EIN Number 65-0100001 | Approver Not Approver |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Finance and Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Do you agree to the following conditions for the filing of this report? Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | |
|-----------------------------|---------------------|
| 2. Principal Office Address | 2a. Mailing Address |
| 21 | 26 |
| 22 | 27 |
| 23 | 28 |
| 24 | 29 |
| 25 | 30 |

9. Name and Address of Current Registered Agent
**RAPPORT, STEPHEN R.
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134**

10. Name and Address of New Registered Agent

| | |
|---|---------------------------|
| 81. Name | |
| 82. Street Address (P.O. Box Number or Post Office Box) | |
| 83. | |
| 84. City | 85. Zip Code FL |

11. I, the agent, hereby certify that I am a resident of the State of Florida. I hereby certify that I am qualified to act as a registered agent for the corporation named in this statement for the purposes of accepting service of process on behalf of the corporation and that I have the necessary authority to act as such. I hereby accept the appointment as registered agent for the corporation named in this statement for the purposes of accepting service of process on behalf of the corporation.

REMARKS:

| 12. NAME AND ADDRESS OF OFFICER | 13. ADDITIONAL CHANGE OF OFFICER INFORMATION |
|--|--|
| NAME: DP SIERRA, CLARA ADDRESS: 201 ALHAMBRA CIR., #502 CORAL GABLES FL | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: DS SIERRA, GLORIA ADDRESS: 201 ALHAMBRA CIR., #502 CORAL GABLES FL | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: AS RAPPORT, STEPHEN R. ADDRESS: 201 ALHAMBRA CIR., #502 CORAL GABLES FL | <input type="checkbox"/> Change <input type="checkbox"/> Add |
| NAME: | <input type="checkbox"/> Change <input type="checkbox"/> Add |
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14. I, the undersigned, hereby certify that I am a resident of the State of Florida. I hereby certify that I am qualified to act as a registered agent for the corporation named in this statement for the purposes of accepting service of process on behalf of the corporation and that I have the necessary authority to act as such. I hereby accept the appointment as registered agent for the corporation named in this statement for the purposes of accepting service of process on behalf of the corporation.

SIGNATURE:

[Handwritten Signature]
SIGNATURE AND TITLE OF OFFICER OR REGISTERED AGENT

4.87.95 201 444 3255