

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90068 013 ***150.00

PROFIT CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # K51902

1. Corporation Name
HAIKO, INC.

Principal Place of Business
201 ALHAMBRA CIRCLE
STE 711
CORAL GABLES FL 33134
US

Mailing Address
201 ALHAMBRA CIRCLE
STE 711
CORAL GABLES FL 33134
US



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

3. Date Incorporated or Qualified

12/16/1988

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

4. FEI Number
65-0100001

Applied For
Not Applicable

23 City & State

27 City & State

5. Certificate of Status Desired \$8.75 Additional Fee Required

24 Zip Country

29 Zip Country

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RAPPORT, STEPHEN R.
201 ALHAMBRA CIRCLE
SUITE 502
CORAL GABLES FL 33134

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------|---|---|
| TITLE | NAME | 1.1 TITLE | 1.2 NAME |
| DP | SIERRA, CLARA | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 201 ALHAMBRA CIR, #711 | | 1.3 STREET ADDRESS | |
| CORAL GABLES FL | | 1.4 CITY-ST-ZIP | |
| DS | SIERRA, GLORIA | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 201 ALHAMBRA CIR, #711 | | 2.2 NAME | |
| CORAL GABLES FL | | 2.3 STREET ADDRESS | |
| AS | RAPPORT, STEPHEN R. | 2.4 CITY-ST-ZIP | |
| 201 ALHAMBRA CIR, #711 | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| CORAL GABLES FL | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED Director L/12/29/99 305 444-5253

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/198)