

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

**FILED**  
**Mar 18 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # K66882 (7)**

1. Corporation Name  
**HAI CORPORATION**



Principal Place of Business <b>% DUNKIN DONUTS                  8300 W FLAGLER ST                  MIAMI FL 33144</b>	Mailing Address <b>% DUNKIN DONUTS                  8300 W FLAGLER ST                  MIAMI FL 33144-2096</b>
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3. Date Incorporated or Qualified <b>02/20/1989</b>	3a. Date of Last Report <b>04/29/1996</b>
4. FEI Number <b>65-0101532</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country
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9. Name and Address of Current Registered Agent

**ABID, MOHAMMAD SHAFIQ**  
**8300 W FLAGLER ST**  
**MIAMI FL FL 33144**

10. Name and Address of New Registered Agent

81 Name **MOHAMMAD S. ABID**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8300 W Flagler St**  
 83 **Miami**  
 84 City **FL** 85 Zip Code **33144**

11. Pursuant to the provisions of Sections 607.0402 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: *Mohammad S. Abid* **MOHAMMAD S. ABID** DATE: **3/11/97**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>BASHIR, ALAMGIR</b>	
STREET ADDRESS	<b>12054 S.W. 117 TERRACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VSD	<input type="checkbox"/> DELETE
NAME	<b>ABID, MOHAMMAD SHAFIQ</b>	
STREET ADDRESS	<b>11825 SW 119 PLACE</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	TRES	<input type="checkbox"/> DELETE
NAME	<b>WASEEM, RAFIA</b>	
STREET ADDRESS	<b>12040 SW 118TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>AHMED, JAMIE</b>	
STREET ADDRESS	<b>19830 NW 2ND COURT</b>	
CITY-ST-ZIP	<b>N MIAMI FL</b>	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	<b>AHMED, NASIR</b>	
STREET ADDRESS	<b>12040 SW 118TH STREET</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 do 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: *Alamgir Bashir* **ALAMGIR BASHIR** DATE: **3/11/97** DAYTIME PHONE: **(305) 223-9399**

CR2E034 (9/96)