

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000030321 (0)**

1. Corporation Name

**HASEN, INC.**



Principal Place of Business

**275 FONTAINEBLEAU BLVD. STE 195  
MIAMI FL 33172-4574**

Mailing Address

**275 FONTAINEBLEAU BLVD. STE 195  
MIAMI FL 33172-4574**

2. Principal Place of Business

2a. Mailing Address

21 **3801 NE 207 Street**

26 **3801 NE 207 Street**

22 **12BS**

27 **12BS**

23 **N. Miami Beach**

28 **N Miami Beach**

24 **33160**

25

29 **33160**

30

3. Date Incorporated or Qualified  
**04/13/1995**

3a. Date of Last Report

4. FEI Number

Applied For  
 Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution

**\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CACICEDO, RAMON R JR ESO  
275 FONTAINEBLEAU BLVD. STE 195  
MIAMI FL 33172-4574**

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 as it is stated on file)

DATE Registered Agent Signature required with this filing

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>PD</b>	<input type="checkbox"/> DELETE
NAME	<b>AOUN, ENRIQUE</b>	
STREET ADDRESS	<b>275 FONTAINEBLEAU BLVD. STE 195</b>	
CITY- ST- ZIP	<b>MIAMI FL 33172-4574</b>	
TITLE	<b>VST</b>	<input type="checkbox"/> DELETE
NAME	<b>AOUN, ASTRID</b>	
STREET ADDRESS	<b>275 FONTAINEBLEAU BLVD. STE 195</b>	
CITY- ST- ZIP	<b>MIAMI FL 33172-4574</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY- ST- ZIP		

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 ST-REET ADDRESS	<b>3801 NE 207 St 12BS</b>
1.4 CITY- ST- ZIP	<b>N Miami BEach, Fl 33160</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>3801 NE 207 St 12BS</b>
2.4 CITY- ST- ZIP	<b>N Miami Beach Fl 33160</b>
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	
5.2 NAME	<b>200001733282</b>
5.3 STREET ADDRESS	<b>-03/05/96--01124--022</b>
5.4 CITY- ST- ZIP	<b>***200.00</b>
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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 checked, or an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*[Handwritten Signature]*  
**Enrique Aoun**  
*[Handwritten Signature]*  
**Astrid Aoun**

DATE

TELEPHONE #

**305-2546**

CR2E034 (12/95)