

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

**FILED**

**Jun 03 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 # 636413 (7)**

1. Corporation Name  
**HAPAN DELGADO CORP.**



Principal Place of Business <b>2 S. BISCAYNE BLVD. STE - 3880 MIAMI FL 33131 US</b>	Mailing Address <b>2 S. BISCAYNE BLVD. STE - 3880 MIAMI FL 33131-1603 US</b>
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3. Date Incorporated or Qualified <b>09/17/1979</b>	3a. Date of Last Report <b>08/14/1996</b>
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2. Principal Place of Business 21 <b>ONE SE. THIRD AVE</b> Suite, Apt. #, etc. <b>Tenth Floor</b> City & State <b>Miami, Fla.</b> Zip <b>33131</b> Country <b>USA</b>	2a. Mailing Address 26 <b>ONE SE. THIRD AVE</b> Suite, Apt. #, etc. <b>Tenth Floor</b> City & State <b>Miami, Florida</b> Zip <b>33130</b> Country <b>USA</b>
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4. FEI Number <b>59-2098988</b>	Applied For <input type="checkbox"/> 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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**MARGOLIES, MITCHELL J**  
**2 S. BISCAYNE BLVD.**  
**STE - 3880**  
**MIAMI FL 33131**

*ONE SE. THIRD AVE  
Tenth Floor  
Miami, Florida 33131*

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	<b>FL</b>
83	
84 City	

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 \_\_\_\_\_ (NOTE: Registered Agent's signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>TAN, K C</b>	
STREET ADDRESS <b>2 S BISCAYNE BLVD / STE - 3880</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>SD</b>	<input type="checkbox"/> DELETE
NAME <b>TAN, KATHLEEN</b>	
STREET ADDRESS <b>2 S BISCAYNE BLVD / STE - 3880</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE <b>TD</b>	<input type="checkbox"/> DELETE
NAME <b>TAN, LESLIE</b>	
STREET ADDRESS <b>2 S BISCAYNE BLVD / STE - 3880</b>	
CITY-ST-ZIP <b>MIAMI FL</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	<i>ONE SE. THIRD AVE, Tenth Floor MIAMI, Florida 33131</i>
14 CITY-ST-ZIP	
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	<i>ONE SE. THIRD AVE, Tenth Floor MIAMI, Florida 33131</i>
24 CITY-ST-ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	<i>ONE SE. THIRD AVE, Tenth Floor MIAMI, Florida 33131</i>
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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.

CR2E034 (9/96)