## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

AMOUNT DUE	DN OR BEFORE 9/17/97: \$550 (IF DISSI	)LVED, MINIMUM AMOUNT DUE	TO REINSTATE: \$750.)		
l	PROFIT	FLORIDA DEPARTM	ALNT OF STATE	FILED	
	RPORATION SALTIEFORT	Sandra B. I		SECRETARY OF DIVISION OF CORE	F STATE PORATIONS
	1 4 C 5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	John John Control of the Control of	ASIATO A COMPANIONS	Division of com	•
	1997	DIVISION OF CO	HPORATIONS	97 NOV -4 PI	11:35 ynta
DOCUI	MENT # 658610	(1)		37,1107	1.00
		(')			11/5
HAKKY	AND CHARLOTTE, INC.			4	
Principal Place	e of Business	Mailing Address			8   8   1   1   1   1   1   1   1   1
9009 BISCAYNE BLVD 8009 BISCAYNE BLVD					
MIAMI FL 931: US	38	MIAMI FL 3313B US		DO NOT WRITE	IN THIS SPACE
00		00		3. Date Incorporated or Qualified	3a. Date of Last Report
				03/10/1980	05/01/1996
	lace of Business	2s. Mailing Address		4. FEI Number	Applied For
Suite, Apt.	#. elc.	Suite, Apt #, etc.		59-1979763	Not Applicable 88.75 Additional
22	n, viv.	27		5. Certificate of Status Desired	Fee Required
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Bo
23 Zin	Country	[28]	Country	Trust Fund Contribution	L.J Added to Fees
Zip 24	Country 25	Zip 30	· 1	This corporation owes or has pair  Personal Property Tax due June	
	9, Name and Address of Current			10. Name and Address of New Reg	
	OPE, W. BARRY		81 Name		
180 NE 99TH ST MIAMI SHORES FL 33138  82 Street Addre			ress (P.O. Box Number is Not Acceptabl	0)	
MIA	IMI OUONES EL 33130		83		
			84 City		B5 Zip Code
			1 1		
11. Pursuant I office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State c	and 607.1508, Florida Statutes, f Florida. Such change was aut	the above-named corp horized by the corpora	poration submits this statement for the pution's board of directors. I hereby accep	rpose of changing its registered the appointment as registered
	m familiar with, and accept the obligat	ions of Section 607.0505, Florid	la Statutes.	14/21	107
SIGNATURE	Signature, typed or printed review of registeres agreed	and title of applicable (NOTE: Fi	egistered Agent signature requi	red when reinstating)	DATE
12.	OFFICERS MND		13.	ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTORS IN 12  Change Addition
TITLE NAME	HARRIS, HARRY	[_] DELFTE	1.1 TITLE 1.2 NAME		
S REET ADDRESS	2645 BASS WAY		1.3 STREET ADDRESS	-11/07/	419165 37-01038-018
CVY-ST-ZIP	COOPER CITY, FL 0		1.4 CITY-ST - 7IP	#### <b>?</b> 56	3.75 ****(58.75
TILE	VP LADDIC (ACK	DELETE.	2.1 TITLE		Change Addition
NAME OTOFET ADDRESS	HARRIS, JACK 8674 SW 50TH ST.		2.2 NAME		
STREET ADDRESS CITY-ST-ZIP	COOPER CITY, FL 0		2.3 STREET ADDRESS 2.4 CHY-\$1-ZIP		
TITLE	<u> </u>	DELETE	3.1 TILE	- 41 to	Change Addition
NAME	HARRIS, CHARLOTTE	•	3.2 NAMI		}
STREET ADDRESS	2645 BASS WAY COOPER CITY, FL 0		3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	OVOILITOR 1, TE U	DELEVE	3.4. CHY-S1-7/P 4.1 THLE		Change Addition
NAME		<u></u>	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		Thereise.	4.4 City-\$1-7iP		
TITLE NAME		Decese	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CHY-ST-ZIP		
TITLE		DELETE.	611IILE		Change Addition
NAME DIDECT ADDRESS			6.2 NAME		
STREET ADDRESS CITY-ST-ZIP			6.3 STHEET ADDRESS 6.4 City-St-Zip		
14. I do hereb	by certify that the information supplied	with this filing does not qualify f	or the exemption stated	d in Section 119.07(3)(i), Florida Statutes	I further certify that the
informatio I am an ol	n indicated on this annual report or su flicer or director of the corporation or the	pplemental annual report is true to receiver or trustee empowers	and accurate and that od to execute this repor	t my signature shall have the same legal rt as required by Chapter 607, Florida St	errect as it hiade under eath; that atules; and that my name