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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H72881

(6)

HAGA BUSINESS, INC.

Principal Place of Business

Mailing Address

4700 NW 7 ST. #436 MIAMI FL 33126 4700 NW 7 ST. #436 MIAMI FL 33126-2252

FILED May 12 1997 8:00am Secretary of State

3. Date Incorporated or Ouglified

				08/23/1985	04/16/1996	
2. Principal Pi	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 23	90 SW 85+	26 2390 5 W	1 8 55	59-2599016	Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State	51	6. Election Campaign Financing	\$5.00 May Be	
23 /// 17 Zip	Country	28 171 A 1271 1	Country	Trust Fund Contribution	Added to Fees	
T 33/3	25 COUNTY	29 33/35	DADE	8. This corporation has liability for Florida Statutes	intangible tax under s. 199.032, ☐ Yes ☐ No	
24	g, Name and Address of Currer		301	10, Name and Address of New Re		
SOSA, ALBERTO				81 Name		
428 NW 57 CT. MIAMI FL 33126			R2 Stroot Adv	62 Street Address (P.O. Box Number is Not Acceptable)		
			51 Street Add	Street Address (F.O. Box Number is Not Acceptable)		
			63			
		•	84 City		85 Zip Code	
					FL	
11. Pursuant I	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the above-named co	rporation submits this statement for the pation's board of directors. I hereby acce	purpose of changing its registered	
office or re agent. I a	egistered agent, or both, in the State m familiar with, and accept the oblig	ਾਰਾ ਜਰਜ਼ਰਕ. Such change was a ations of, Section 607.0505, Flor	umonizea by the corpor rida Statutes.	ation's board of directors, I hereby acce	princ appoinment as registered	
SIGNATURE						
BIGHATON:	Signature, typod or printed name of registered age		Registered Agent signature req		DATI	
12.	OFFICERS AN	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC		
TITLE	P	L] DELETE	1.1 TITLE		Change Addition	
NAME	SOSA, ALBERTO		1.2 NAME			
STREET ADDRESS	428 N.W. 57 CT.		1.3 \$TREET ADDRESS			
CITY-ST-ZIP	MIAMI FL		1A CITY+ST-ZIP		0	
TITLE	S BINEIROS ISPOE E	☐ DELFTE	2.1 TITLE		L_ Change L_ Addition	
-NAME	PINEIROS, JORGE F.	•	2.2 NAME			
STREET ADDRESS	9535 SW 39 ST.		2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	☐ DELF1E	2. 4 CITY-ST-ZIP		Change Addition	
TITLE	▼	T) ntrut	3.1 1ITLE		Change C Addition	
NAME	SOSA, MARTA M. 1542 SW 74 AVE.		3.2 NAME			
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		3.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	DELETE	3.4. C(1Y - S1 - Z(P) 4.1 THLE		Change Addition	
TITLE	PINEIRO, CARMENT	□ reteit			change Addition	
NAME	11877 SW 47 ST.		4. 2 NAMI			
STREET ADDRESS	MIAMI FL		4.3 STREET ADDRESS			
CHY-ST-ZIP	MICHAEL CONTRACTOR	DELETE	4.4 CITY - ST - ZIP 5.1 TITLE		Change Addition	
TITLE		L. DELETE			TT outside TT variation	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 C(TY - ST - Z(P		Change Addition	
			6.1 TITLE		C Outside C vestion	
NAME] ;		6 2 NAME			
STREET ADDRESS	•		6.3 STREET ADDRESS			
CITY-ST-ZIP			6.4 CHY-\$1-ZIP	•		

14. I do hereby certify that the information souplied 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 receipter or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 3 if changed, or on an accument with an address.