

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 # **K32020** (5)

1. Corporation Name

HAREWOOD INVESTMENTS (USA) INC.



Principal Place of Business

**2299 DOUGLAS RD 4 FLOOR
MIAMI FL 33145**

Mailing Address

**2299 DOUGLAS RD 4 FLOOR
MIAMI FL 33145**

3. Date Incorporated or Qualified

08/30/1988

3a. Date of Last Report

05/01/1995

4. FEI Number

59-1965110

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

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MORENO, M. CRISTINA
25 SOUTHEAST 2ND AVENUE
900 INGRAHAM BUILDING
MIAMI FL 33131**

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 and FEI if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	<input checked="" type="checkbox"/> DELETE
NAME	ALFONZO, ISAAC PEREZ	
STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
CITY- ST- ZIP	CORAL GABLES FL	
TITLE	DVS	<input checked="" type="checkbox"/> DELETE
NAME	BENEDETTI, LUIS PEREZ	
STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
CITY- ST- ZIP	CORAL GABLES FL	
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		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PEREZ R, ISAAC R	
1.3 STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
1.4 CITY- ST- ZIP	CORAL GABLES FL	
2.1 TITLE	V	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	PEREZ R, VICENTE I.	
2.3 STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
2.4 CITY- ST- ZIP	CORAL GABLES FL	
3.1 TITLE	S	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PEREZ R, ODETTE C.	
3.3 STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
3.4 CITY- ST- ZIP	CORAL GABLES FL	
4.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	RECAO DE PEREZ, ODETTE	
4.3 STREET ADDRESS	2299 DOUGLAS RD., 4TH FL	
4.4 CITY- ST- ZIP	CORAL GABLES FL	
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 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 unchanged, or on an attachment with an address.

SIGNATURE: **X**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 24, 1996

Date

Daytime Phone #

CR2E034 (12/95)