PROFIT
CORPORATION
ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L07298

Corporation Name

HANA HOLDINGS CORP.

FILED Apr 29, 1999 8:00 am Secretary of State 04-29-1999 90114 007 ***150.00



Mailing Address Principal Place of Business 9280 BIRD ROAD 9280 BIRD ROAD MIAMI FL 33165 MIAMI FL 33165 DO NOT WRITE IN THIS SPACE US US 3. Date Incorporated or Qualifed 08/07/1989 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Appied For 65-0138620 Not Applicable 21 26 Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 22 City & State City & S ate 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country 8. This corporation owes the current year Intangible Country Zip Zip []No 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 INTERIAN, RICHARD J. Street Address (P.O. Box Number is Not Acceptable) 82 9280 BIRD ROAD **MIAMI FL 33165** Zip Code 84 85 City 11. Pursuant to the provisions of Sc ctions 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, public in the State of Florida. Such change was authorized by the corporation's board of circulors. I hereby accept the appointment as registered agent. I am apply the pith apply the obligations of, Section 607.0505, Florida Statutes. SIGNATURE (NOT 5: Registered Agent signature required when reinstating) ne of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTOF:S IN 12 12 OFFICERS AND DIRECTORS 13. Change ☐ DELETE 1.1 TITLE TITLE INTERIAN, RICHARD 1.2 NAME NAME 4930 SW 102 COURT 13 STREET ADDRESS STREET ADDRESS **MIAMI FL 33165** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE ☐ Change 2.1 TITLE TITLE FERNANDEZ, MARIO 2.2 NAME NAME 4930 SW 102 COURT 2.3 STREET ADDRESS STREET ADDRESS. MIAMI 33165 2. 4 CITY-ST-ZIP CITY-ST-ZIP Addition ☐ Change □ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE ☐ Change 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition □ DELETE 5.1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP 6.1 TITLE ☐ Change ☐ Addition DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP CITY-ST-ZIP

I heretly certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (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 chapter of an attachment with an address, with all other like empowered.

SIGNATURE:

AT THE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (11/98)