

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L95416 (8)

1. Corporation Name
HASLEMERE INTERIORS, INC.

Principal Place of Business
3550N MOORINGS WAY
COCONUT GROVE FL 33133
US

Mailing Address
3550 N MOORINGS WAY
COCONUT GROVE FL 33133
US



DO NOT WRITE IN THIS SPACE

| | | | | | |
|--------------------------------|---------------------|---------------------|-------------------|---|--------------------------------|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 08/23/1990 | |
| 21 | Suite, Apt. #, etc. | 26 | 6262 SUNSET DRIVE | 4. FEI Number 65-0331642 | Applied For Not Applicable |
| 22 | City & State | 27 | #308 | 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 | Zip | 28 | MIAMI FL | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 24 | Country | 29 | 33143 | 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

POLIAKOFF, STEVEN R
3550N MOORINGS WAY
COCONUT GROVE FL 33133

10. Name and Address of New Registered Agent

81 Name POLIAKOFF, STEVEN R
82 Street Address (P.O. Box Number is Not Acceptable)
6262 SUNSET DRIVE
83 SUITE 308
84 City MIAMI FL 85 Zip Code 33143

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| | | |
|-----------------|-----------------------|---------------------------------|
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | POLIAKOFF, STEVEN R. | |
| STREET ADDRESS | 3550 N MOORINGS WAY | |
| CITY - ST - ZIP | COCONUT GROVE FL | |
| TITLE | D | DELETE <input type="checkbox"/> |
| NAME | POLIAKOFF, JACQUELINE | |
| STREET ADDRESS | 3550 N MOORINGS WAY | |
| CITY - ST - ZIP | COCONUT GROVE FL | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |
| TITLE | | DELETE <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY - ST - ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|---------------------|---|
| 1.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |
| 2.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY - ST - ZIP | |
| 3.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY - ST - ZIP | |
| 4.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 5.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY - ST - ZIP | |
| 6.1 TITLE | Change <input type="checkbox"/> Addition <input type="checkbox"/> |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | |

14. I 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.

SIGNATURE *[Signature]*

CR2E034 (10/97)