SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 28 AM 9:14

DOCUMENT # **P26240** **(2)**

1. Corporation Name
HAPI MANAGEMENT, INC.

Principal Place of Business	Mailing Address
9090 WILSHIRE BOULEVARD BEVERLY HILLS CA 90211	9090 WILSHIRE BOULEVARD BEVERLY HILLS CA 90211

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **09/29/1989**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business (21):
2a. Mailing Address (26):

Suite, Apt. #, etc. (22):
Suite, Apt. #, etc. (27):

City & State (23):
City & State (28):

Zip (24): Country (25): Zip (29): Country (30):

4. FEI Number: **95-4168129** ☐ 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 files jointly for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

LOWENTHAL, JOANNE
2900 NW 56TH AVE.
LAUDERHILL FL 33313

10. Name and Address of New Registered Agent

91 Name
92 Street Address (P.O. Box Number is Not Acceptable)
93
94 City **FL** 95 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 this State. 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: _____ (Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	11 TITLE	☐ Change ☐ Addition
NAME	CASDEN, HENRY C.	12 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD	13 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	14 CITY-ST-ZIP	
TITLE	V	21 TITLE	☐ Change ☐ Addition
NAME	MCCARTHY, THOMAS A.	22 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD	23 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	24 CITY-ST-ZIP	
TITLE	S	31 TITLE	☐ Change ☐ Addition
NAME	~~HILDEBRAND, ROBERT J~~	32 NAME	
STREET ADDRESS	~~9090 WILSHIRE BLVD~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~BEVERLY HILLS CA~~	34 CITY-ST-ZIP	
TITLE	T	41 TITLE	☐ Change ☐ Addition
NAME	GOLDBERG, BRIAN	42 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD.	43 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	CASDEN, ALAN I.	52 NAME	
STREET ADDRESS	9090 WILSHIRE BLVD	53 STREET ADDRESS	
CITY-ST-ZIP	BEVERLY HILLS CA	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(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] President 6-20-95 310 274-5563
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0177765 FP