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**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

DO NOT WRITE IN THIS SPACE.

**CORPORATION ANNUAL REPORT 1995**

**FLORIDA DEPARTMENT OF STATE**  
Sandra Graham  
Secretary of State  
DIVISION OF CORPORATIONS



**DOCUMENT # P92000004727 (3)**

1. Corporation Name  
**THE HAYMO RAYAN CORPORATION**

Principal Place of Business      Mailing Address

**1700 WEST NEW HAVEN AVENUE  
UNIT 300  
WEST MELBOURNE FL 32904**

**1700 WEST NEW HAVEN AVENUE  
UNIT 300  
WEST MELBOURNE FL 32904**

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

3. Date Incorporated or Qualified      3a. Date of Last Report

**11/10/1992**      **05/01/1994**

4. FEI Number      Applied For

**59-3161725**      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

9. Name and Address of Current Registered Agent

**FAYED, WASSIM S  
1803 S. WICKHAM RD.  
W. MELBOURNE FL 32904**

10. Name and Address of New Registered Agent

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, or registered agent, or both, in the State of Florida. Such change was authorized familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office the corporation's board of directors. I hereby accept the appointment as registered agent. I am

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable (NOT required)      Typed or printed name of registered agent and title if applicable (NOT required)      Date

12. OFFICERS AND DIRECTORS

TITLE      **D**

NAME      **FAYED, WASSIM S**

STREET ADDRESS      **1803 S. WICKHAM RD.**

CITY - ST - ZIP      **W. MELBOURNE FL 32904**

TITLE      **D**

NAME      **QUEINI, MAHER**

STREET ADDRESS      **15 LEICESTER ST. #1**

CITY - ST - ZIP      **BRIGHTON MA 02135**

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE       Change       Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE       Change       Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE       Change       Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE       Change       Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE       Change       Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE       Change       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 110.07(3)(b), 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 and does not qualify for the exemption stated in Section 110.07(3)(b), 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

SIGNATURE: *Maheer A. Queini* MAHER QUEINI      4-12-95      (407)952-9990

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER      DATE      OFFICER'S PHONE #