

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED

97 MAY 14 PM 2:51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000014168 (7)

1. Corporation Name
MAHALO, INC.



Principal Place of Business
5365 WEST RANGER STREET
BEVERLY HILLS FL 34465-4684

Mailing Address
5365 WEST RANGER STREET
BEVERLY HILLS FL 34465-4684

3. Date Incorporated or Qualified 02/17/1993	3a. Date of Last Report 04/08/1996
4. FEI Number 59-3167211	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Country
24	29

9. Name and Address of Current Registered Agent

MASAOY, JANET
5365 WEST RANGER STREET
BEVERLY HILLS FL 34465-4684

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MASAOY, JOSE	1.2 NAME	
STREET ADDRESS	P.O. BOX 162 N/A	1.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34465-0162	1.4 CITY-ST-ZIP	
TITLE	SD	2.1 TITLE	
NAME	MASAOY, JANET	2.2 NAME	
STREET ADDRESS	P.O. BOX 162 N/A	2.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34465-0162	2.4 CITY-ST-ZIP	
TITLE	T	3.1 TITLE	
NAME	MASAOY, JANET	3.2 NAME	
STREET ADDRESS	P.O. BOX 162 N/A	3.3 STREET ADDRESS	
CITY-ST-ZIP	CRYSTAL RIVER FL 34423-0162	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: Janet Masaoy (Janet Masaoy, Secretary) April 18, 1997 (352) 527-2577
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)