FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR -3 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

800001448528
-04/06/95--01003--022
****200.00 ****200.00
DO NOT WRITE IN THIS SPACE

DOCUMENT # P93000070038 (3)

1. Corporation Name
HAVEN 701, INC.

Principal Place of Business
C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

Mailing Address
C/O CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

3. Date Incorporated or Qualified: 10/08/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21 10598 N.W. So River Dr
Suite, Apt. #, etc.
22
City & State
23 MEDLEY, FL
Zip
24 33178
Country
25 U.S.

2a. Mailing Address
26 10598 N.W. So River Dr
Suite, Apt. #, etc.
27
City & State
28 MEDLEY, FL
Zip
29 33178
Country
30 U.S.

4. FEI Number: ~~APPLIED FOR~~ 65-0450480 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
CT CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent
81 Name: HAROLD AIBEL
82 Street Address (P.O. Box Number is Not Acceptable): 10598 N.W. So. River Dr.
83
84 City: MEDLEY FL 85 Zip Code: 33178

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: X [signature] Harold Aibel 2/10/95
(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
NAME	~~GARCIA, D J~~
STREET ADDRESS	~~11544 S.W. 169TH TERRACE~~
CITY-ST-ZIP	MIAMI FL 33157
TITLE	ASST. S.
NAME	SAMUEL STEEN
STREET ADDRESS	140 So. PROSPECT DR
CITY-ST-ZIP	CORAL GABLES, FL 33133
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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		
11 TITLE	D, P, S	☒ Change ☐ Addition
12 NAME	HAROLD AIBEL	
13 STREET ADDRESS	10598 N.W. So. River Dr.	
14 CITY-ST-ZIP	MEDLEY, FL 33178	
21 TITLE	ASST S.	☐ Change ☒ Addition
22 NAME	SAMUEL STEEN	
23 STREET ADDRESS	140 So. PROSPECT DR.	
24 CITY-ST-ZIP	CORAL GABLES, FL 33133	
31 TITLE		☐ Change ☐ Addition
32 NAME		
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		☐ Change ☐ Addition
62 NAME		
63 STREET ADDRESS		
64 CITY-ST-ZIP		

4/3/95 MSt

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: X [signature] 2/10/95 305/883-1920
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
HAROLD AIBEL
Date Daytime Phone #

0233008 CP