

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000009303 (6)**

1. Corporation Name

H.A.W. & ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**100 S.E. SECOND STREET
SUITE 3320
MIAMI FL 33131**

**100 S.E. SECOND STREET
SUITE 3320
MIAMI FL 33131**

3. Date Incorporated or Qualified
01/25/1994

3a. Date of Last Report
04/18/1995

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc.

26. Suite, Apt. #, etc.

22. City & State

27. City & State

23. Zip

Country

28. Zip

Country

24.

25.

29.

30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ADER, ROBERT
100 S. E. 2ND STREET
SUITE 3320
MIAMI FL 33131**

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 607.1506, 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 of person or persons authorized to register agent and fee, if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12.

OFFICERS AND DIRECTORS

TITLE

D

☐ DELETE

NAME

HERTZBERG, ROBERT D

STREET ADDRESS

100 S. E. 2ND STREET SUITE 3320

CITY - ST - ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

ADER, ROBERT

STREET ADDRESS

100 S. E. 2ND STREET SUITE 3320

CITY - ST - ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

WEINTRAUB, JAYNE

STREET ADDRESS

100 SE 2ND STREET SUITE 3320

CITY - ST - ZIP

MIAMI FL

TITLE

D

☐ DELETE

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

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TITLE

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☐ DELETE

NAME

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STREET ADDRESS

D

CITY - ST - ZIP

D

TITLE

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☐ DELETE

NAME

D

STREET ADDRESS

D

CITY - ST - ZIP

D

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 119.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 3/4/96 X

Date

Daytime Phone #

CR2E034 (12/95)