

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 FEB -7 PM 3:12

DOCUMENT # P94000049651 (0)

1. Corporation Name

HAGA, INC.

Principal Place of Business

11911 US HWY ONE, 308
N PALM BEACH FL 33408

Mailing Address

11911 US HWY ONE, 308
N PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/29/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 Via Parigi #2
Suite, Apt. #, etc.

26 Via Parigi #2
Suite, Apt. #, etc.

22 349 Worth Avenue

27 349 Worth Avenue

23 City & State
Palm Beach, FL

28 City & State
Palm Beach, FL

24 Zip
33480

25 Country
U.S.A.

29 Zip
33480

30 Country
U.S.A.

4. FEI Number

650523646

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

7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

COOK, ROBERT B
11911 US HWY ONE, 308
N PALM BEACH FL 33408

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, 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, typed or printed name of registered agent and (if applicable)

(NOTE: Registered Agent signature required when installing)

DATE

12. OFFICERS AND DIRECTORS
TITLE ☒ PRESIDENT
NAME ~~COOK, ROBERT B~~ LIEF HERVIEU
STREET ADDRESS ~~11911 US HWY ONE, 308~~ 401 Peruvian Av.
CITY - ST - ZIP ~~N PALM BEACH FL 33408~~ PALM BEACH FL 33480

TITLE ☒ VICE-PRESIDENT
NAME JOELE DECOOL
STREET ADDRESS 401 Peruvian Av.
CITY - ST - ZIP PALM BEACH 33480

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

☐ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

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☐ Change ☐ Addition

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.

SIGNATURE:

Joelle Decool
SIGNATURE AND TYPED OR PRINTED NAME OF DISBURSING OFFICER OR DIRECTOR

2-3-95 401 P33.205-1
Date (Typed Name)