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Apr 23 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P94000049651 (0)

1. Corporation Name  
HAGA, INC.

Principal Place of Business

VIA PARIGI #2  
349 WORTH AVENUE  
PALM BEACH FL 33480  
US

Mailing Address

VIA PARIGI #2  
349 WORTH AVENUE  
PALM BEACH FL 33480  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	INACTIVE	26	C/O ROBERT W. SLATER
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
22		27	214 BRAZILIAN AVE #221
City & State		City & State	
23		28	PALM BEACH, FL
Zip	Country	Zip	Country
24		29	33480
25		30	PALM BEACH

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	ROBERT W. SLATER	
82	Street Address (P.O. Box Number is Not Acceptable)	214 BRAZILIAN AVE. #221	
83			
84	City	PALM BEACH	FL
85	Zip Code	33480	

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 607.0502, Florida Statutes.

SIGNATURE *Robert W. Slater* ROBERT W. SLATER 3-31-98  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	DP
NAME	HERVIEU, LISE	1.2 NAME	HERVIEU, LISE
STREET ADDRESS	401 PERUVIOU AVE	1.3 STREET ADDRESS	C/O ROBERT W. SLATER
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	214 BRAZILIAN AVE. #221
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		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 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

*L. HERVIEU*

4/14/98

CR2E034 (10/97)