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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000057188 (1)

## FILED Apr 14 1998 8:00am Secretary of State

H.A. S	ERVICES INTERNATIONAL	CORP.		I INDIABAT HID INIBY CHAIL ROWN DOWN DOWN DOWN	DONE FORM KINDI I DINI KON 1804
Principal Class	on of Dusiness	Marking Address			
Principal Place of Business Mailing Address  8621 NW 54TH ST 8621 NW 54TH ST					
8621 NW 54TH ST 8621 NW 54TH ST MIAMI FL 33166 MIAMI FL 33166					
				DO NOT WRITE IN THIS	S SPACE
				3. Date Incorporated or Qualified 07/21/1995	
· ·	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0598772	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		C Cleating Compaign Financing	
23		28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the c	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New Registere	d Agent
GRUNAUER, XAVIER			81 Name		
2247 W 53RD PL			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
HIALEAH FL 33016			83		
			03		
			84 City	F	85 Zip Code
11. Pursuant office or r agent. I a SIGNATURE	to the provisions of Sections 607.05 egistered agent, or both, in the Statim familiar with, and accept the obli	02 and 607.1508, Florida Statu e of Florida. Such change was gations of, Section 607.0505, Fl	tos, the above-named corp authorized by the corporati orida Statutes.	oration submits this statement for the purpose ion's board of directors. I hereby accept the ap	
SIGNATURE	Signature, typed or printed name of registered as	pent and title if applicable (NO	L: Registered Agent signature require	ad when reinstating) DATE	
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	GRUNAUER, XAVIER		1,2 NAME		
STREET ADDRESS	2247 W 53 PL		1.3 STREET ADDRESS		
CITY-ST-ZIP	HIALEAH FL 33016	Division	1.4 CITY-ST-ZIP		
TITLE	ODUMATICO MADIA O	DELETE	2.1 TITLE		Change Addition
NAME	GRUNAUER, MARIA D 2247 W 53 PL		2.2 NAME		
STREET ADORESS	HIALEAH FL 33016		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	MALLATTE 33010	DELETE	2. 4 CITY-ST-ZIP 3.1 TITLE		Change Addition
NAME		LL OCCC	3.2 NAME		C CHRING C ROUBUIT
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TOLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	61 TITLE		Change Addition
NAME			62 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 advices.