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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 28 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000061598 (5)

HAI TECHNOLOGY, INC.

Principal Place	e of Business	Mailing Address			
B335 NW 68TH STREET Miami Fl 33166 US		8335 NW 68TH STREET Miami Fl 33166-2662 US			
				3. Date Incorporated or Qualified 08/09/1995	3a. Date of Last Report 05/28/1996
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 Cuito Ant	# oto	Cuite Aut # etc		65-0603536	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	
23		28		Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has liability for	
24	25	29]	0		Yes 🗌 No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Re	gistered Agent
MACDANIEL, JOHN M			181 NAMO EDIVALDO REZENDE		
	BISCAYNE TOWER, SUITE 2975		82 Street	Address (P.O. Box Number is Not Acceptate	ple)
	SOUTH BISCAYNE BLVD.		83 8	335 NW 685	Ree I
MAIM	MI FL 33131				
		•	B Cily	Ai ami	FL 85 Zip Codo
11. Pursuant t	to the provisions of Sections 607 0502	and 607 1508 Florida Statutes	the above-parage	corporation submits this statement for the r	
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.					
	The contract of the contract o	100 SOL SOCION 807.0505, FION	ida/statules.	J	042197
SIGNATURE .	Signature, typed or trinted name of registered agen	and title Capplicable (NOTE:	Registered Agent signature	required when reinstating)	DATE
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	P	☐ DELETE	4.1 TITEE	VILE - P.CESIDENT	☐ Change 🔼 Addition
NAME	SHNAIDER, JAIME		1.2 NAME	CLAUDIO NATAL	**
STREET ADDRESS	8335 NW 68TH AVENUE		1.3 STREET ADDRESS	8335 NW 68 STRE	(2)
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 CHY-S1-7IP	MIAMI, FL 33/60 OFFICE MANAGER EDIVALDO REZEND	Change 19 Addition
TITLE NAME		L DELETE	2.1 TITLE	OFFICE MHNHGGK	☐ Change 【X Addition
STREET ADDRESS			2.2 NAME 2.3 STREET ADDRESS	EDIVITUO RECENT	POT
CITY-ST-ZIP			2 / CITY-ST-ZIP	8335 NW 68 STR MIRMI, FL 33166	EEI
TITLE		DELETE	3 1 TITLE	MIDH, PC 55160	Change Addition
NAME			3.2 NAML		-
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CHTY-ST-7/P		
TITLE		☐ DELETÉ	4.1 1111.6		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS	•		4.3 STREFT ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		☐ DELETE	511016		Change Addition
NAME PERCET APPROPRES			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS	\	
CITY-ST-ZIP TITLE		DELETE	5.4 CHY+S1-ZIP G.1 TITLE		Change Addition
NAME		<u></u>	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS	<u> </u>	
CITY-ST-ZIP		\wedge	64 CITY-ST-ZIP		
14. I do hereb	by certify that the information supplied	with this filing does not quality	for the exemption s	stated in Section 119.07(3)(i), Florida Statute	s. I further certify that the
I am an of appears in	r indicated on this armoal report or su ficer or director of the corporation or t n Block 12 or Block 13 if changed, or i	ne receive or trustee empower on an attachment with an addice	red to expoute this less.	o that my signature shall have the same lega report as required by Chapter 607, Florida S	latutes, and that my name