

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

FILED
Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000084449 (4)

1. Corporation Name
HAVELI, INC.

Principal Place of Business

137 NE 40TH ST.
#388
MIAMI FL 33137
US

Mailing Address

137 NE 40TH ST.
#388
MIAMI FL 33137
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/30/1995

4. FEI Number

65-0624713

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.

☒ Yes ☐ No

2. Principal Place of Business

21 137 NE 40TH ST

Suite, Apt. #, etc.

22 City & State

23 MIAMI FL

24 Zip

33137

Country

US

2a. Mailing Address

26 11770 GRIPPING RD

Suite, Apt. #, etc.

27 City & State

28 MIAMI

29 Zip

33161

Country

USA

9. Name and Address of Current Registered Agent

MICHAEL B. MAHON
4710 PINETREE DR., #44
MIAMI FL 33140

10. Name and Address of New Registered Agent

81 Name OLGA M DYCKO
82 Street Address (P.O. Box Number is Not Acceptable) 11770 GRIPPING RD
83 MIAMI
84 City
85 Zip Code FL 33161

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the 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



(NOTE: Registered Agent signature required when reinstating)

JAN/09/98

12. OFFICERS AND DIRECTORS

☐ DELETE

11 TITLE D

12 NAME DYCKO, OLGA M

13 STREET ADDRESS 4710 PINETREE DRIVE, #44

14 CITY-ST-ZIP MIAMI BEACH FL 33140

☐ DELETE

15 TITLE VP

16 NAME MICHAEL B. MAHON

17 STREET ADDRESS 4710 PINETREE DR., #44

18 CITY-ST-ZIP MIAMI BCH FL

☐ DELETE

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

☐ DELETE

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

☐ DELETE

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

☐ DELETE

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

11 TITLE D

12 NAME DYCKO, OLGA M

13 STREET ADDRESS 11770 GRIPPING RD

14 CITY-ST-ZIP MIAMI FL 33161

☒ Change ☐ Addition

15 TITLE VP

16 NAME MICHAEL B MAHON

17 STREET ADDRESS 11770 GRIPPING RD

18 CITY-ST-ZIP MIAMI FL 33161

☐ Change ☐ Addition

19 TITLE

20 NAME

21 STREET ADDRESS

22 CITY-ST-ZIP

☐ Change ☐ Addition

23 TITLE

24 NAME

25 STREET ADDRESS

26 CITY-ST-ZIP

☐ Change ☐ Addition

27 TITLE

28 NAME

29 STREET ADDRESS

30 CITY-ST-ZIP

☐ Change ☐ Addition

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: X



JAN/09/98 2:55 5730308

CR2E034 (10/97)