	PLEASE BL	FAD ALL INS	TRUCTIO	ONS BEFORE (COMPLETING	THIS FORM		
F	PLICATION FOR STATEMENT	:97/	EILED SECRETARY OF STATE DIVISION OF CORPORATIONS					
DOCUMENT # P96000025387					97 NOV 25 PM 2: 30			
	HAVANA REPUBLIC,	INC.					U	
Principal Place of Business Mailing Address								
	WESTON ROAD ON, FLORIDA 3332	6		4	love.			
	addresses are incorrect in any way ncipal Office Address, if Applicable			d enter correction below. Iress, If Applicable	Date Incorporated or Qualified To Do Business in Florida			
Sulte, Apt.	₩, etc.	Suite, Apt.	Suite, Apt. #, etc.		3/18/96 5. FEI Number Applied For			
City & State			City & State		84-1346897 No		Not Applicable	
Zip	Country	Zip		Country	CERTIFICATE OF STA		ditional Fee required ertificate of Status	
Title(s)	Name of Officer and/or Direct	cers	Director (Florida nonprofit corporations must list at lea Street Address of Each Officer and/or Director 3 (Do NOT Use Post Office Box N		City / State / Zip			
P/S	STEPHEN SCHATZMAN 1360 West			Weston Road		ton, FL 33326 10235706		
*								
	~~~~	· · · · · · · · · · · · · · · · · · ·						
			<u> </u>	····		Sp		
6. Name and Address of Current Registered Agent  Name  Stephen Schatzman  Steph					9. Name and Address of NeW Registered Agent  nen_Schatzman			
2101 N.E. 212th Street Miami, FL 33174				Street Address (P	Street Address (P.O. Box Number is Not Acceptable)  1360 Weston Road			
				City	on		Code 33326	
10. I, being Signature of Registered	appending the registates agon of	3			-	11/19/97		
11. Do De	es this corporation p pt. of Revenue unde	pay any)intan er S. 199.032,	gible tax i , Florida s	to the Statutes. Yes	□ No 🗓	(See other side for in on intangible ta		
this reins owed by	that I am an officer or director or the statement application, the reason of the corporation have been paid application is true and accurate application.	or dissolution has beer nd the names of individ	n eliminated, the duals listed on t	e corporate name satisfies t this form do not qualify for a	the requirements of section an exemption under sectio	n 607.0401 or 617.0401. F.S	S that all fees	
SIGNAT	URE: SIGNATURE AND TYPE	OR PRINTED NAME OF	tephe	N Salatz er or director	- MAM //	//9/97 Daytimo Pt	none #	

The second secon





ACCOUNT NO. : 072100000032

REFERENCE : 599611

4325609

AUTHORIZATION

COST LIMIT

ORDER DATE: November 13, 1997

ORDER TIME : 10:44 AM

ORDER NO. : 599611-015

CUSTOMER NO:

4325609

CUSTOMER: Rosie Zamora, Legal Assistant

Shapo Freedman & Fletcher, Pa

Suite 4750

200 South Biscayne Boulevard

Miami, FL 33131

## ANNUAL REPORT FILING

NAME: THE HAVANA REPUBLIC, INC.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

__ CERTIFIED COPY

XX PLAIN STAMPED COPY

____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:





November 18, 1997

Ms. Suzanne Payne
Fla. Secretary of State
Division of Corporations
409 East Gaines Street
P.O. BOX 6327
Tallahassee, FL 32399

Re: The Havana Republic, Inc.

Dear Ms. Payne:

Enclosed is a reinstatement request for The Havana Republic, Inc. We never received a notice of the Annual Report requirements for this corporation. It appears that the notice must have gone to the wrong address as the address maintained in the Secretary of State's computer file is wrong. Therefore, we hereby request that you abate the additional fees for reinstatement over and above the normal annual report fee of \$165.00

Thank you for your courtesies.

Very truly yours,

Stephen Schalzman

\rz Encls. 1c0c459a.27a