## 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 #
1. Corporation Name

P97000062566 (9)

HANA USA, INC.

## **FILED** Apr 30 1998 8:00am Secretary of State



<u> </u>						
Principal Place	of Business	Mailing Addre	ess .			- I DORANDON ING 18451 NGDIY ODIYA BDYAY BDYAY BDIYA BAYAR INDON BAYAR INDON BAYAR DAYAR DAYAR DAYAR DAYAR DAYA
14784 S.W. 561 MIAMI FL 3318			14784 S.W. 56TH STREET MIAMI FL 33185			DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
	<del></del>					07/18/1997
2. Principal Pla	ace of Business	2a. Mailing Ad	Idress			4. FEI Number Applied For
21 Sulte, Apt. #	l elo	26 Suite Apt	Suite, Apt. #, etc.			69.0767996. Not Applicable
22	·	27	27			5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		}—η ´	City & State			6. Election Campaign Financing \$5.00 May Be
<b>23</b> Zip	Country	<b>[28]</b> Zip		ountry	<del></del>	Trust Fund Contribution
24	25	29 30		Our in y	•	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
124	9. Name and Address of Co					10. Name and Address of New Registered Agent
DHA	RAMSI, SHAMSHUDIN S	<u>Z</u>		81	Name	
	4 SW 141 TERRACE		82		Street A	Address (P.O. Box Number is Not Acceptable)
	/II FL 33196			83	0110017	Address (F.O. Box Number is Not Acceptable)
				84	City	[ag   7; O. ]
						FL   85   Zip Code
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.						
SIGNATURE Signature, specific proceed neveral registered agent and the Capparative (NOTE Registered Agent signature required when reinstating) DATE						
12,		S AND DIRECTORS	(NOTE: Hogiste		nt signature r	required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PT			TITLE		Change Addition
NAME	DHARAMSI, SHAMSHUDIN	<del></del>		NAME	1	
STREET ADDRESS	15334 SW 141 TERRACE	. •			ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196		1.4	CITY-S	T- ZIP	
TITLE	VPS			TITLE		☐ Change ☐ Addition
NAME	<b>D</b> HARAMSI, NAZIM S		2.2	NAME		
STREET ADDRESS	15351 SW 143RD STREET	T	23	STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33196		2.4	4 CITY-S	ST - 71P	
TITLE			DELETE 3.1	TITLE		Change Addition
NAME			3.2	NAME		
STREET ADDRESS					ADDRESS	
CITY-ST-ZIP				CITY-S	ST-ZIP	
NAME OF THE			· ·	TITLE		Change Addition
STREET ADDRESS				2 NAME	*DODE CO	
CITY-ST-ZIP				CITY-S	ADDRESS T- ZIP	
TITLE				TITLE	, <u> </u>	Change Addition
NAME : , ,		_		NAME		
STREET ADDRESS			i i		ADDRESS	
CITY-SY-ZIP		,	5.4	CITY-S		
TITLE				TITLE		☐ Change ☐ Addition
NAME			6.2	NAME	ŀ	
STREET ADDRESS			6.3	STREET	address	
CITY-ST-ZIP			6.4	CITY-SI	1 - 21P	

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 changest or on an attrachment with an address.