

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

**FILED**  
**Apr 28, 1999 8:00 am**  
**Secretary of State**

04-28-1999 90032 046 \*\*\*150.00

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**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P97000062566**

1. Corporation Name  
**HANA USA, INC.**



Principal Place of Business  
**14784 S.W. 56TH STREET  
MIAMI FL 33185**

Mailing Address  
**14784 S.W. 56TH STREET  
MIAMI FL 33185**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**07/18/1997**

4. FEI Number

**65-0764950**

Applied For  
☐ Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution ☐

**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

**21** Suite, Apt. #, etc.

**22** City & State

**23** Zip Country

**24** **25**

2a. Mailing Address

**26** Suite, Apt. #, etc.

**27** City & State

**28** Zip Country

**29** **30**

9. Name and Address of Current Registered Agent

**DHARAMSI, SHAMSHUDIN S  
15334 SW 141 TERRACE  
MIAMI FL 33196**

10. Name and Address of New Registered Agent

**81** Name **NAZIM DHARAMSI**

**82** Street Address (P.O. Box Number is Not Acceptable)  
**15351 SW 143RD ST.**

**83**

**84** City **MIAMI** **FL** **85** Zip Code **33196**

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: **NAZIM DHARAMSI**

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**25TH APRIL 99**

12. OFFICERS AND DIRECTORS

TITLE **PT** ☒ DELETE  
NAME **DHARAMSI, SHAMSHUDIN S**  
STREET ADDRESS **15334 SW 141 TERRACE**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE **VPS** ☒ DELETE  
NAME **DHARAMSI, NAZIM S**  
STREET ADDRESS **15351 SW 143RD STREET**  
CITY-ST-ZIP **MIAMI FL 33196**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP

2.1 TITLE **P.S.** ☒ Change ☐ Addition  
2.2 NAME **NAZIM DHARAMSI**  
2.3 STREET ADDRESS **15351 SW 143RD ST.**  
2.4 CITY-ST-ZIP **MIAMI, FL 33196**

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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 address, with all other like empowered.

SIGNATURE: **NAZIM DHARAMSI**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**25TH APRIL 1999 (305) 382-1488**

Date

Daytime Phone #

CR2E034 (11/98)