

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

FILED

Mar 11 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 # P97000077164 (6)
1. Corporation Name
HANNAVAS, INC.

Principal Place of Business
11771 STONEHAVEN WAY
WEST PALM BEACH FL 33412

Mailing Address
11771 STONEHAVEN WAY
WEST PALM BEACH FL 33412



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 6450 Collins Ave Suite, Apt. # etc. 22 #902 City & State 23 Miami Beach FLA Zip 24 33141		2a. Mailing Address 26 6450 Collins Ave Suite, Apt. # etc. 27 #902 City & State 28 Miami Beach FLA Zip 29 33141		3. Date Incorporated or Qualified 09/05/1997	
25 USA		30 USA		4. FEI Number Applied For Applied For	
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent IGLESIAS, JOANNA 1221 BRICKELL AVE. MIAMI FL 33131		10. Name and Address of New Registered Agent 81 Name MIRIAM SOSA 82 Street Address (P.O. Box Number is Not Acceptable) 6450 Collins Ave #902 83 84 City MIAMI BEACH FL 85 Zip Code 33141	
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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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Miriam Sosa* MIRIAM SOSA (President) 3/1/98
Signature, type or printed name of registered agent and file if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D SOSA, MIRIAM 11771 STONEHAVEN WAY W. PALM BEACH FL 33412	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	P SOSA MIRIAM 6450 Collins Ave #902 Miami Beach FLA 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RAFAILOVITC, SORIN 700 BILTMORE WAY, #610 CORAL GABLES FL 33134	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	V SOSA LUIS 6450 COLLIN AVE #902 MIAMI BEACH FLA 33141
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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: *Miriam Sosa* MIRIAM SOSA 3/1/98

CR2E034 (10/97)