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

PROFIT CORPORATION ANNUAL REPORT

1. Corporation Name



DOCUMENT # P9700096450

Secretary of State DIVISION OF CORPORATIONS

Mar 25, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris** 03-25-1999 90021 018 ***150.00 1999

HAW ME	DIA INC.						
Principal Place of Business Mailing Address				· ·	(INTITION: ILE TRAIL CONT. AND ILE AND ILE	BAILE IBSTA BING BIRDLE	1(111 50 11 1001
3021 S.W. 134TH COURT 3021 S.W. 134TH COURT							
MIAMI FL 33175 MIAMI FL 33175					DO NOT WRITE IN THIS SPACE		
					3. Date Incorporated or Qualifed	THIS SPACE	
					11/12/1997		1
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number	Apr	olied For
21 26 26					65-0793330	Not	Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.			•		5. Certificate of Status Desired	\$8.75 A	dditional
22		27			5. Certificate of Status Desired	Fee Rec	quired
City & State		City & State			6. Election Campaign Financing	\$5.00	
23		28			Trust Fund Contribution	Added to) Fees
Zip	Country	Zip	Country	,	8. This corporation owes the current ye		□No
24	25	29 3	<u>ol</u>		Personal Property Tax. 10. Name and Address of New Register		□No
	9. Name and Address of Curren	t Registered Agent	81	Name	10, Name and Address of New Regis	ereu Agent	
CAR	DIA WISI EDEDIO I		"	'''''			
SABRIA, WSLFREDIO I 3021 S.W. 134TH COURT			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
MIAMI FL 33175			83	-			
THICH			00				
			84	City		FL 85 Zip C	ode
A. Diversional	As the manufactors of Spatiana 607 060	2 and 607 1508 Florida Statutes	the abov	e-named com	poration submits this statement for the purpo	se of changing its	registered
office or r	registered agent, or both, in the State im familiar with, and accept the obliga	of Florida. Such change was auti	nonzea by	the corporation	on's board of directors. I hereby accept the	appointment as reg	pistered
SIGNATURE	Signature, typed or printed name of registered ager	t and title if applicable. (NOTE: R	egistered Age	nt signature require		ATE	
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICE	RS AND DIRECTO	RS IN 12
TITLE	PD					C Cliange	
NAME	ADIMA, WALINEDO I		1.2 NAME			•	(
STREET ADDRESS	0021 0.11. 104111 000111			TADDRESS]
CITY+ST-ZIP	MIAMI FL 33175	D ACLETE		ST-ZIP		Change	Addition
TITLE	VTS	□ NETE IE	2.1 TITLE			Criango	
NAME	OADNIA, WAG NEDO I		2.2 NAME				
STREET ADDRESS	0021 0.11. 101111 000111		•	TADDRESS			{
CITY-ST-ZIP	MIAMI FL 33175	☐ DELETE	2. 4 CITY-	ST-ZIP -	<u></u>	Change	Addition
TITLE			3.2 NAME		·	<u> </u>	_
NAME			•	T ADDRESS			{
STREET ADDRESS			3.4. CITY-				
CITY-ST-ZIP TITLE		☐ DELETE	4.1 TITLE	31-24		Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP			4.4 CITY-5	. '	•		
TITLE			5.1 TITLE			☐ Change	Addition
NAME			5.2 NAME		•		ļ
STREET ADDRESS			5.3 \$TREE	T ADDRESS			
CITY-ST-ZIP			5.4 CITY-5	ST-ZIP			
TITLE			6.1 TITLE			☐ Change	Addition
NAME	•		6.2 NAME				
STREET ADDRESS)		6.3 STREE	TADDRESS			

C/TY-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.

6.4 CITY-ST-ZIP

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR