

DOCUMENT # P99000104379
 1. Entity Name
HAWA CORPORATION

FILED

00 DEC 15 PM 2:03

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA



REINSTATEMENT THIS SPACE *2000*

Principal Place of Business
 1225 HAVERHILL ROAD
 WEST PALM BEACH FL 33417

Mailing Address
 1225 HAVERHILL ROAD
 WEST PALM BEACH FL 33417

2. Principal Place of Business
 1400 Centrepark Blvd
 Suite, Apt. #, etc.
 Suite 601
 City & State
 West Palm Beach, FL
 Zip
 33401
 Country
 USA

3. Mailing Address
 1400 Centrepark Blvd
 Suite, Apt. #, etc.
 Suite 601
 City & State
 West Palm Beach, FL
 Zip
 33401
 Country
 USA

4. FEI Number
 65-0964678
 Applied Pbr
 Not Applicable

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

6. Name and Address of Current Registered Agent
 CORPORATE CREATIONS ENTERPRISES INC.
 941 FOURTH STREET #200
 MIAMI BEACH FL 33139

7. Name and Address of New Registered Agent
 Name
 Ilona Mandelbaum
 Street Address (P.O. Box Number is Not Acceptable)
 1400 Centrepark Blvd
 Suite 601
 City
 West Palm Beach FL Zip Code
 33401

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *December 12, 2000*

9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back)

FILE NOW!!! FEE IS \$550.00
After SEPTEMBER 13, 2000 Min. will be \$750.00
Make Check Payable to Department of State

10. Election Campaign Financing Trust Fund Contribution. **\$5.00 May Be Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	D MANDELBAUM, ILONA A 1225 HAVERHILL ROAD WEST PALM BEACH FL 33417	<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D DOLAN, DANIEL J 1225 HAVERHILL ROAD WEST PALM BEACH FL 33417	<input checked="" type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Delete

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
	600003515166--5 -12/28/00--01013--012 ****750.00	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** *[Signature]* DATE *December 12, 2000* (561)366-4097
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (5/00)