COR	PROFIT RPORATION		FLORIDA DEPAR	TMENT OF STATE	Apr 20 1998		
ANNUAL REPORT			Secretary of State DIVISION OF CORPORATIONS		Secretary of State		
Corporation	n Namo – – –	5678	(6)				
HACIEN	NDA VILLAGE UTILIT	HES, INC.					
rincipal Place	e of Business	Ma	iling Address		] I 10011010 110 10101 01110 10111 10001 0011 01041	I BIDI I BIDII BIDII DIBI	<b>Givit Nu</b> t
'107 gibralt New Port Ri Js	rer ave Ichey fl 34653		139 hachem dr Drt Richey Fl 34868 S		DO NOT WRITE IN T 3. Date Incorporated or Qualified	HIS SPACE	
					11/21/1991		
Principal P	lace of Business	<u> </u>	Mailing Address		4. FEI Number		plied For
Suite, Apt.	#, etc.	28	Suite, Apt. #, etc.	<del></del>	59-3095507	\$ <b>B.75</b> /	t Applicab
l		27		····	5. Certificate of Status Desired	Fee Re	quired
City & State	e	28	City & State		<ol> <li>Election Campaign Financing Trust Fund Contribution</li> </ol>	\$5.00 Added i	
Zip	Country		Zip	Country	8. This corporation owes or has paid the	e current year Int	angible
L	25 9. Name and Address	29	ered ågent	30	Personal Property Tax due June 30. 10. Name and Address of New Register		No
HA	CHEM, SALEH			81 Name	10, 100 000 000 000 000 000		
	39 HACHEM DRIVE			82 Street Add	dress (P.O. Box Number is Not Acceptable)		
PO	RT RICHEY FL 34068			83	······		
				63			
1. Pursuant	to the provisions of Section egistered agent, or both, in femiliar with and accen	ns 607.0502 and 60 n the State of Florid	07.1508, Florida Statute la Such change was a Section 607.0505 Flor	84 City es, the above-named cor uthorized by the corpora			Code s registere registerec
1. Pursuant office or r agent. I a IGNATURE 2.	Signature, typed or printed name of		if applicable (NOT)		rporation submits this statement for the purpo ation's board of directors. I hereby accept the	se of changing it appointment as	s registere registered
IGNATURE 2. ILE	Signature, lyped or printed name of OFF PD	registered agent and litle i	if applicable (NOT)	as, the above-named con tuthorized by the corpora rida Statutes. Registered Agent signature req. 13. 1.1 ITLE	rporation submits this statement for the purpo ation's board of directors. I hereby accept the uned when reinstating) DA	se of changing it appointment as	s registere registered
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IGNATURE 2. ILE ME REET ADDRESS	Signature, lyped or printed name of OFF PD	registered agent and little I ICERS AND DIREC	if applicable (NOT)	as, the above-named con Juthorized by the corpora rida Statutes. Fegislered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	rporation submits this statement for the purpo ation's board of directors. I hereby accept the uned when reinstating) DA	Se of changing it appointment as	s registere registered
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