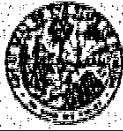


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Morman
Secretary of State
DIVISION OF CORPORATIONS



FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 2: 28

DOCUMENT # **M26255** (3)
1. Corporation Name
HAH ENTERPRISES, INC.

Principal Place of Business Mailing Address
401 N.W. 38TH COURT, (ZIP 33126) **401 N.W. 38TH COURT, (ZIP 33126)**
P. O. BOX 350940 **P. O. BOX 350940**
MIAMI FL 33135 **MIAMI FL 33135**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 25 Country 29 Country 30 Country

3. Date Incorporated or Qualified **01/22/1986** 3a. Date of Last Report **02/22/1994**
4. FEI Number **59-2637223** 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 has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
LEWIN, PAUL
401 N.W. 38TH COURT
MIAMI FL 33126

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and title # applicable. (NOTE: Registered Agent signature required when resigning)

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	HECHT, FLORENCE
STREET ADDRESS	401 NW 38TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	VTS
NAME	LEWIN, PAUL
STREET ADDRESS	401 NW 38TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	AMDUR, ISABELLE
STREET ADDRESS	401 NW 38TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	DC
NAME	AMDUR, NEAL
STREET ADDRESS	401 NW 38TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	D
NAME	HAVENICK, BARBARA
STREET ADDRESS	401 NW 38TH CT.
CITY-ST-ZIP	MIAMI FL
TITLE	DPE
NAME	HAVENICK, FRED
STREET ADDRESS	401 NW 38TH CT.
CITY-ST-ZIP	MIAMI FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 my address.

SIGNATURE: *Paul Lewin* *PAUL LEWIN* 01/25/95 (305) 649-3000
SIGNATURE AND TYPED OR PRINTED NAME OF FILING OFFICER OR DIRECTOR Date Daytime Phone #