

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **M26255 (3)**

1. Corporation Name  
**HAI ENTERPRISES, INC.**



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

Mailing Address: **401 N.W. 38TH COURT. (ZIP 33126)  
P. O. BOX 350940  
MIAMI FL 33135**

2. Principal Place of Business (21-24)  
2a. Mailing Address (25-28)

21 Suite, Apt. #, etc.  
22 City & State  
23 Zip Country  
24

25 Suite, Apt. #, etc.  
26 City & State  
27 Zip Country  
28

29 Zip Country  
30

3. Date Incorporated or Qualified: **01/22/1986**

3a. Date of Last Report: **03/20/1995**

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: **HAVENICK, FRED**

82 Street Address (P.O. Box Number is Not Acceptable):  
83 **401 NW 38th CT**

84 City: **MIAMI** FL 85 Zip Code: **33126**

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: **HAVENICK, FRED** *Fred Havenick* DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HECHT, FLORENCE</b>	
STREET ADDRESS	<b>401 NW 38TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>VTS</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LEWIN, PAUL</b>	
STREET ADDRESS	<b>401 NW 38TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>AMDUR, ISABELLE</b>	
STREET ADDRESS	<b>401 NW 38TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DC</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>AMDUR, NEAL</b>	
STREET ADDRESS	<b>401 NW 38TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVENICK, BARBARA</b>	
STREET ADDRESS	<b>401 NW 38TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	
TITLE	<b>DPE</b>	<input type="checkbox"/> DELETE
NAME	<b>HAVENICK, FRED</b>	
STREET ADDRESS	<b>401 NW 38TH CT.</b>	
CITY-ST-ZIP	<b>MIAMI FL</b>	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21 TITLE	
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41 TITLE	
42 NAME	
43 STREET ADDRESS	<b>300001826883</b>
44 CITY-ST-ZIP	<b>-05/20/96--01004--017</b>
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	<b>***2461.25</b>
54 CITY-ST-ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 19.07(3)(k), Florida Statutes, and 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: **Fred Havenick** *Fred Havenick* DATE: **2/9/96** Telephone #: **3056493000**

CR2E034 (12/95)