

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 28 AM 9:14

DOCUMENT # P26240 (2)

1. Corporation Name
HAPI MANAGEMENT, INC.

Principal Place of Business: **9090 WILSHIRE BOULEVARD BEVERLY HILLS CA 90211**
Mailing Address: **9090 WILSHIRE BOULEVARD BEVERLY HILLS CA 90211**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 09/29/1989	3a. Date of Last Report 02/21/1994
4. FEI Number 95-4168129	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

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

9. Name and Address of Current Registered Agent

**LOWENTHAL, JOANNE
2900 NW 56TH AVE.
LAUDERHILL FL 33313**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code **FL**

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. If both, in this State, such change was authorized by the corporation's board of directors, I hereby accept the appointment as registered agent. I am familiar with, and consent to the provisions of, Section 605, Florida Statutes.

SIGNATURE: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	CASDEN, HENRY C.
STREET ADDRESS	9090 WILSHIRE BLVD
CITY - ST - ZIP	BEVERLY HILLS CA
TITLE	V
NAME	MCCARTHY, THOMAS A.
STREET ADDRESS	9090 WILSHIRE BLVD
CITY - ST - ZIP	BEVERLY HILLS CA
TITLE	S
NAME	HILDEBRAND, ROBERT J.
STREET ADDRESS	9090 WILSHIRE BLVD
CITY - ST - ZIP	BEVERLY HILLS CA
TITLE	T
NAME	GOLDBERG, BRIAN
STREET ADDRESS	9090 WILSHIRE BLVD.
CITY - ST - ZIP	BEVERLY HILLS CA
TITLE	D
NAME	CASDEN, ALAN I.
STREET ADDRESS	9090 WILSHIRE BLVD
CITY - ST - ZIP	BEVERLY HILLS CA
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

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	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
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 119.07(3)(B), Florida Statute. 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 this filing.

SIGNATURE: *Henry C. Casden* **6-20-95** **310 274-5563**
DATE: _____

CR2E034 (3/95)