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95 MAY -1 AM 9:21

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**600001485056
-05/12/95--01013--011
***200.00 ***200.00**

DO NOT WRITE IN THIS SPACE

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000036021 (1)
1. Corporation Name
HAYA, INC.

Principal Place of Business Mailing Address
**C/O NATIONAL BANK OF KUWAIT SAK, NY BRANCH
299 PARK AVENUE
NEW YORK NY 10171**

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

3. Date Incorporated or Qualified **05/12/1994** 3a. Date of Last Report
4. FEI Number **58-2114645** Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75 Additional
Fee Required**
6. Election Campaign Financing **\$5.00 May Be
Added to Fees**
7. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name **THOMAS C. ROBERGE CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
ONE BEACH DR, SE - STE 220
83
84 City **ST. PETERSBURG** FL 85 Zip Code **33701**

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 *Thomas C. Roberge* **THOMAS C. ROBERGE** DATE **4/3/95**

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	AL-BADER, HAYA
STREET ADDRESS	P.O. BOX 886, SAFAT (N/A)
CITY ST ZIP	13009, KUWAIT
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	AL-KHARAFI, FAWZI M.
STREET ADDRESS	P.O. BOX 886, SAFAT (N/A)
CITY ST ZIP	13009 KUWAIT
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

5/01/95 *MSF*

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 110.07(3)(a), 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 to this report.

SIGNATURE: *FAWZI M. AL-KHARAFI* **FAWZI M. AL-KHARAFI - PRESIDENT** DATE **4-1-95** TELEPHONE **965-4813622**